

TSD File Inventory Index

Date: January 20, 2000

Initial: C. M. Givens

Facility Name: <u>Johnson Controls Inc. (Central Products Division)</u>		
Facility Identification Number: <u>IND 009 549 573</u>		
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Note: Transmittal Letter to Be Included with Reports.

Comments: _____



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Governor
Kathy Prosser
Commissioner

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JUL 15 1993

OFFICE OF RCRA
WASTE MANAGEMENT DIV
EPA, REGION V

105 South Meridian Street
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

Mr. Joseph McCorkel
Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526-4297

July 12, 1993

Dear Mr. McCorkel:

Re: Letter of Compliance, Case No. VL-11452
Hazardous Waste Management
Johnson Controls, Inc.
EPA I.D. No. IND 009549593
Goshen, Elkhart County

Based upon documents available to the Office of Enforcement staff during a record review on June 28, 1993, it has been determined that Johnson Controls, Inc., has achieved compliance with the terms of the Violation Letter issued to your firm on March 26, 1993.

Thank you for your cooperation. If you have any questions concerning this matter, feel free to contact Ms. Nancy Johnston of the Hazardous Waste Section, Office of Enforcement, at 317/233-3831.

Very truly yours,

Rosemary W. Cantwell, Chief
Hazardous Waste Section
Office of Enforcement

NLJ/rmw

cc: Elkhart County Health Department
Ms. Uylaine McMahan, U.S. EPA, Region V
Mr. Jordan S. Harwood, Johnson Controls, Inc.
Mr. Jeff Stevens
Mr. Steve West



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Environmental Helpline 1-800-451-6027

VIA CERTIFIED MAIL P 125 270 541

June 10, 1993

Mr. Joseph H. McCorkel, Plant Engineering Manager
Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526

Re: Warning Letter
Hazardous Waste Management
Compliance Evaluation Inspection
Johnson Controls, Inc.
EPA I.D. No. IND009549593
Goshen, Elkhart County

Dear Mr. McCorkel:

Representatives of the Department of Environmental Management (Department) are conducting inspections of facilities in Indiana that are engaged in the generation, transportation, treatment, storage, or disposal of hazardous waste. Facilities are being inspected to determine compliance with Indiana Code 13-7 (IC 13-7), "Environmental Management Act", and Indiana Administrative Code, 329 IAC 3.1, "Hazardous Waste Management Permit Program and Related Hazardous Waste Management Requirements." These inspections and record reviews are also being conducted pursuant to the requirements of the Resource Conservation and Recovery Act (RCRA), Public Law 94-580, as amended, on behalf of the United States Environmental Protection Agency, (U.S. EPA).

This is to inform you that on December 15, 1992 an inspection of Johnson Controls, Inc., located at 1302 East Monroe Street, Goshen, was conducted by Mr. Mike Wilhelm of the Office of Solid and Hazardous Waste Management (OSHWMM), of the Department. You and Mr. Tom Arnold represented your firm at this inspection.

A copy of the inspection report detailing the status of compliance of your company is enclosed. The attached Description of Violations elaborates on the violations found and the actions which need to be taken by your company to resolve the violations.

Johnson Controls, Inc., within thirty (30) calendar days of receipt of this letter, shall achieve compliance with the

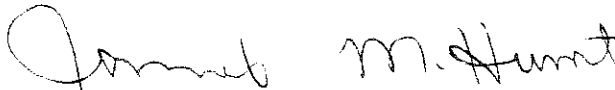
Warning Letter
Johnson Controls, Inc.
Page 2

requirements of 329 IAC 3.1. Within thirty-five (35) days of receipt of this letter, your company shall submit to this office a letter stating the actions taken to achieve compliance with each requirement.

Failure to respond adequately to this Letter of Warning will result in a Violation Letter being issued.

If you have any questions, please contact Mr. Mike Wilhelm of this office at 317/232-3529.

Very truly yours,

A handwritten signature in dark ink, appearing to read "James M. Hunt". The signature is fluid and cursive, with the first name "James" being more prominent and the last name "Hunt" following in a similar style.

James M. Hunt, Chief
Compliance Section
Hazardous Waste Compliance Branch
Solid and Hazardous Waste Management

MRW

Enclosure

cc: Elkhart County Health Department
Ms. Uylaine McMahan, U.S. EPA, Region V



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Environmental Helpline 1-800-451-6027

VIA CERTIFIED MAIL P 846 729 926

RECEIVED

March 26, 1993

APR 1 1993

Mr. Joseph McCorkel
Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526-4297

**OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V**

Dear Mr. McCorkel:

Re: Violation Letter (VL-11452)
Hazardous Waste Management
Record Review
Johnson Controls, Inc.
EPA I.D. No. IND 009549593
Goshen, Elkhart County

Representatives of the Department of Environmental Management (Department) are conducting inspections of facilities in Indiana that are engaged in the generation, transportation, treatment, storage, or disposal of hazardous waste. Facilities are being inspected to determine compliance with Indiana Code 13-7 (IC 13-7), "Environmental Management Act," and Indiana Administrative Code, 329 IAC 3.1, "Hazardous Waste Management Permit Program and Related Hazardous Waste Management Requirements." This article incorporates federal standards for the management of hazardous waste, which have been published in 40 CFR 260 through 40 CFR 270, as of July 1, 1991. These inspections and record reviews are also being conducted pursuant to the requirements of the Resource Conservation and Recovery Act (RCRA), Public Law 94-580, as amended, for authorized state hazardous waste management programs.

This is to inform you that on December 31, 1992, a record review of Johnson Controls, Inc., located at 1302 East Monroe Street, Goshen, Indiana, was conducted by Mr. Jeff Stevens of the Office of Solid and Hazardous Waste Management (OSHWMM), of the Department.

The following violations of 329 IAC 3.1 pertaining to the operation of your facility were noted:

1. 329 IAC 3.1-14-3(c)

The owner or operator must revise the closure cost estimate after a revision has been made to the closure plan which increases the cost of closure. The closure cost estimates listed in a December 22, 1992 letter to Mr. Jeffrey Stevens are \$8,760. The closure cost estimates should be \$52,000.

2. 329 IAC 3.1-14-9(a)(1)(B) In order to meet the financial test and corporate guarantee for closure, the net working capital and tangible net worth must each be at least six (6) times the sum of the current closure and post-closure estimates. An insufficient closure cost estimate is listed in item number 1, on page 4 of the December 22, 1992 letter to Mr. Jeffrey Stevens. The sum of current closure and post-closure cost estimates should reflect the \$52,000 amount rather than the \$8,760 amount.

Johnson Controls, Inc., within thirty (30) calendar days of receipt of this letter, shall achieve compliance with the following requirements:

1. Revise the closure cost estimate to \$52,000. Submit a copy of the adjusted closure cost estimate to this office and maintain the adjusted estimate at the facility.
2. Revise the financial test and corporate guarantee documents to reflect a closure cost estimate of \$52,000 rather than \$8,700. Submit the revised documents, as per 329 IAC 3.1-14-9, to this office.

Your company shall submit to this office, within thirty-five (35) calendar days of receipt of this letter, a written detailed explanation of the steps taken to achieve compliance with each requirement. The letter shall state the date compliance was achieved.

Failure to respond adequately to this Violation Letter and verify a return to compliance at this facility will result in escalated enforcement action.

Please direct your response to this letter and any questions to Ms. Nancy Johnston of the Office of Enforcement, Hazardous Waste Section, of the Department at 317/233-3831.

Very truly yours,

Rosemary Cantwell

Rosemary W. Cantwell, Chief
Hazardous Waste Section
Office of Enforcement

NLJ/rmw

cc: Elkhart County Health Department

Ms. Uylaine McMahan, U.S. EPA, Region V

Mr. Jeff Stevens

Mr. Steve West

APR 7 1992

HRE-8J

Mr. Joseph McCorkel
Plant Engineering Manager
Johnson Controls, Inc.
Controls Products Division
1302 East Monroe Street
Goshen, Indiana 46526-4297

Re: Return to Compliance
Johnson Controls, Inc.
IND 009 549 593

Dear Mr. McCorkel:

We have received and reviewed your letter of August 9, 1991, regarding our Notice of Violation (NOV) dated July 8, 1991.

The information submitted with your letter appears to meet the requirements of the land disposal restriction regulation found at 40 CFR Part 268. We have, therefore, returned this facility to compliance for those violations cited in our NOV.

If you should have any further questions, please contact Rebecca Groulx of my staff at (312) 886-4437.

Sincerely yours,

Uylaine E. McMahan, Chief
IN/MN/OH Enforcement Program Section

cc: Dennis Zawodni, IDEM
bcc: Uylaine McMahan, REB
Compliance File

HR-J\Rebecca\Phyllis\6-8093\compliance\mccorkel.rtc\April 6, 1992

CONCURRENCE REQUESTED FROM REB			
OTHER STAFF	REB STAFF	REB SECTION CHIEF	REB BRANCH CHIEF
PW 4-6-92	RG 4/7/92	JEM 4/7/92	



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Telephone 317-232-8603
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OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

April 3, 1992

Mr. Joseph McCorkel
Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526-4297

Dear Mr. McCorkel:

Re: Letter of Compliance, Case No. VL-10750
Hazardous Waste Management
Johnson Controls, Inc.
EPA I.D. No. IND 009549593
Goshen, Elkhart County

Based upon documents available to the Office of Solid and Hazardous Waste Management staff during a record review on March 13, 1992, and the results of a reinspection conducted at your facility on December 6, 1991, it has been determined that Johnson Controls, Inc., has achieved compliance with the terms of the Violation Letter issued to your firm on May 20, 1991.

Thank you for your cooperation. If you have any questions concerning this matter, feel free to contact Ms. Nancy Johnston of the Office of Solid and Hazardous Waste Management at 317/233-3831.

Sincerely,

Timothy J. Method
Assistant Commissioner
Solid and Hazardous Waste Management

NLJ/rmw

cc: Elkhart County Health Department
Ms. Uylaine McMahan, U.S. EPA, Region V ✓

Johnson Controls, Inc.
Control Products Division
1302 East Monroe Street
Goshen, IN 46526-4297
Tel. 219/533-2111

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MAR 11 1992

JOHNSON
CONTROLS

March 3, 1992 OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

Dennis M. Zawodni, Chief
Enforcement Section
Hazardous Waste Management Branch
Solid and Hazardous Waste Mngt.
105 South Meridian Street
P.O. Box 6015
Indianapolis, IN 46206-6015

RE: Letter of Inadequacy (VL-10750)
Hazardous Waste Management
Johnson Controls, Inc.
EPA I.D. No. IND 009549593
Goshen, Elkhart County

Dear Dennis:

Hazardous Waste Training consisted of:

- Thorough review of the violations noted in the violation notice of November 1, 1990 with emphasis placed on correct procedures.
- Presentation of the revised contingency plan, with explanation of action to be taken in various emergencies regarding hazardous waste.
- View a hazardous waste training film which was on loan from Miles Laboratories.

The fifty-four (54) employees that were given hazardous waste training have a variety of responsibilities. Only two (2) of the employees, Larry Martin and Mike Stouder, have a job description that includes hazardous waste handling. Hazardous waste handling is a part of their daily responsibilities. (Job description attached)

The remaining fifty-two (52) employees may have occasion to handle hazardous waste or be in a position to direct the collection or transport of hazardous waste.

A maintenance employee may be called upon to fill the vacancy of a hazardous waste handler during vacations, illness, etc.

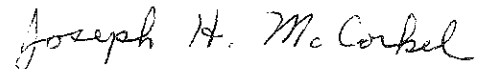
A supervisor is in a position to direct the proper collection of hazardous waste at a satellite operation.

An engineer may be involved in a process that may generate or require space to be allocated for hazardous waste.

We hope that this information satisfies our deficiency.

Sincerely,

JOHNSON CONTROLS, INC.

A handwritten signature in cursive script, reading "Joseph H. McCorkel".

Joseph H. McCorkel
Plant Engineering Manager

JHM:mk
idemviol

cc: Elkhart County Health Department
Ms. Uylaine McMahan, U.S. EPA, Region V

Johnson Controls, Inc.
Control Products Division
1302 East Monroe Street
Goshen, IN 46526-4297
Tel. 219/533-2111

JOHNSON
CONTROLS

August 9, 1991

Rebecca Groulx
5HR-12
United States Environmental
Protection Agency
Region 5
230 South Dearborn St.
Chicago, IL 60604

RE: Notice of Violation (NOV)
Johnson Controls, Inc.
IND 009-549-593

Dear Rebecca:

We appreciate your patience and assistance in helping us to respond to the two requirements in the July 8, 1991 letter of Uylaine E. McMahan.

Requirement

1. The facility was found to be making incorrect waste determinations of California List Waste. Notifications containing the appropriate treatment standards for the California List Waste were not sent to receiving facilities, in violation of 40 CFR Part 268.7(a).

We stopped all cyanide treatment in April of 1990 due to a manufacturing process change. The last of the cyanide waste was shipped from our facility, May 21, 1990. The manifested cyanide waste was disposed of by CyanoKEM, of Detroit, Michigan. The brochure of their operation is enclosed.

Enclosed also, is a copy of the response regarding the statement "D001 shipment contained >1000 PPM HOC and >500 PPM lead". We responded on 6/10/91 to State of Indiana, IDEM, and Ann Budich of Region 5, U.S. EPA.

Rather than re-invent the wheel, I have enclosed the following copies of the previous response.

1. Page 2 of June 10, 1991 response. Item 8 addresses statement.
2. Analysis reports of parts washer solvent.

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11-1-91
OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION 5

Requirement

2. The facility did not retain on-site in the files, all supporting data used to make determinations of whether the generator's waste is restricted from land disposal. Such documentation, waste analysis data, and all notices, certifications, and demonstrations, must be retained for 5 years from the date that the waste was sent off-site.

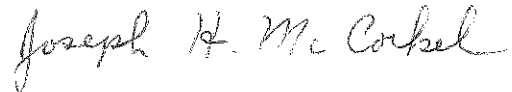
We have corrected our on site file procedures to retain documentation, waste analysis data, notices, certifications, and demonstrations for five years.

A copy of the analysis of the parts washer solvent is enclosed.

Thank you for your cooperation.

Sincerely,

JOHNSON CONTROLS, INC.



Joseph H. McCorkel
Plant Engineering Manager

JHM:mk
usepa

Enclosures

cc: Don DeLay / JCI
Emery Heck / JCI
Dennis Zawodni / IDEM

JUL 8 1991

5HR-12

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Lee Heck
Johnson Controls
1302 E. Monroe Street
Goshen, Indiana 46526

Re: Notice of Violation (NOV)
Johnson Controls
IND 009 549 593

Dear Mr. Heck:

On November 26, 1990, the United States Environmental Protection Agency conducted a Resource Conservation and Recovery Act (RCRA) inspection of the above referenced facility. The purpose of the inspection was to determine the compliance status of this facility with respect to the applicable hazardous waste management requirements of Chapter 3734 of the Ohio Revised Code, and also the land disposal restriction regulations as set forth in 40 CFR Part 268 and in revisions to 40 CFR Parts 260-265, 268, 270, and 271.

As a result of the inspection, we have determined that the requirements of the land disposal restriction regulations are being violated.

1. The facility was found to be making incorrect waste determinations of California List Waste. Notifications containing the appropriate treatment standards for the California List Waste were not sent to receiving facilities, in violation of 40 CFR Part 268.7(a).
2. The facility did not retain on-site in the files, all supporting data used to make determinations of whether the generator's waste is restricted from land disposal. Such documentation, waste analysis data, and all notices, certifications, and demonstrations, must be retained for 5 years from the date that the waste was sent off-site.

A copy of the inspection report is enclosed for your records. Please submit to this office, within thirty (30) days of receipt of this NOV, documents demonstrating that the above-cited violations have been corrected and indicating what measures have been initiated to assure future compliance. Failure to correct the violations may subject the facility to further enforcement action.

If you have any questions regarding this correspondence, please contact Rebecca Groulx of my staff at (312) 886-4437.

Sincerely yours,

Uylaine E. McMahan, Chief
IN/MN/OH Enforcement Program Section

Enclosure

cc: Dennis Zawodni, IDEM

bcc: Uylaine McMahan, REB

5HR-JCK-\Rebecca\Phyllis\6-8093\Rebecca\Lee.H\July 5, 1991

CONCURRENCE REQUESTED FROM REB			
OTHER STAFF	REB STAFF	REB SECTION CHIEF	REB BRANCH CHIEF
<i>OW</i> 7/5/91	<i>RG</i> 7/5/91	<i>UEM</i> 7/5/91	

Johnson Controls, Inc.
Control Products Division
1302 East Monroe Street
Goshen, IN 46526-4297
Tel. 219/533-2111

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CONTROLS

June 10, 1991

OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

Nancy L. Johnston
Office of Solid and Hazardous
Waste Management
Indiana Department of Environmental
Management
105 S. Meridian
P.O. Box 6015
Indianapolis, IN 46206-6015

RE: Violation Letter (VL-10750)
Hazardous Waste Management
Compliance Evaluation Inspection
Johnson Controls, Inc.
EPA I.D. No. IND 009549593
Goshen, Elkhart County

Dear Ms. Johnston:

We have the following reply and or attachments in response to the eight requirements in the May 20, 1991 letter of H. Martin Harmless, Assistant Commissioner.

1. (Revise waste analysis plan)

After some discussion with you and research on your part, it was realized that the 329 IAC 3-16-4 regulations do not apply to our facility, as Johnson Controls, Goshen, was approved for closure March 20, 1991.

2. (Amend operating procedures)

This requirement is to amend our operating procedures to insure that the involved operators are instructed that no more than 55 gallons of hazardous waste are present in containers at or near any point of generation where the waste are initially accumulated. These instructions were given to all operators immediately following the November 1, 1990 inspection and are monitored daily by a supervisor.

3. (Revise personnel training records to include job titles, descriptions and description of personnel training)

See attachment of revised record

4. (Document training for all involved personnel)

Training of all personnel on the revised training record will be documented by date and signature upon completion of training. A copy of the completed training record will be sent to you. We are currently viewing training videos to select an appropriate training film.

Violation Letter
June 10, 1991

5. (Familiarize the emergency coordinator)

The emergency coordinator, Tom Arnold, will be retrained and has reviewed all aspects of site operation and emergency procedures. The documentation of Mr. Arnolds retraining will be noted on the revised personnel training record.

6. (Assure that hazardous waste containers remain closed)

Operating procedures are amended to instruct all operators that all hazardous waste containers remain closed except when adding or removing waste. These instructions were given to all operators immediately following the November 1, 1990 inspection, and are monitored daily by a supervisor.

7. (Mark start of accumulation period)

This requirement to mark the start of accumulation on each container of hazardous waste is included in our amended procedures. Instructions were given to operators immediately following the November 1, 1990 inspection, and are monitored daily by a supervisor.

8. (Inspection noted D001)

Manifest referred to No. INA 0417242 was prepared by Safety Kleen Corp., of South Bend. They are our contracted parts washer service company. Copy of manifest attached (1 page).

The SK 105 mineral spirits solvent from our parts washers has been analyzed. Copy of analysis report attached (5 pages). It appears that the typed paragraph, item 11d referring to lead 500 mg/l, was a standard statement copied by the Safety Kleen manifest preparer.

Thank you for your help and understanding in responding to the eight requirements.

Sincerely,

JOHNSON CONTROLS, INC.

Joseph H. McCorkel

Joseph H. McCorkel
Plant Engineering Manager

JHM:mk
v110750

Enclosures

cc: Elkhart County Health Department
Ann Budich, U.S. EPA, Region V
D. Bruce Kizer
H. Martin Harmless II, I.D.E.M.
E. L. Heck, Johnson Controls, Inc.
D. F. DeLay, Johnson Controls, Inc.

HAZARDOUS WASTE TRAINING RECORD

6/7/91

TRAINING:

NAME	JOB TITLE/DESCRIPTION	DATE TRAINED	SIGNATURE
Arnold, Tom - Emergency Coordinator)	Maintenance Supervisor		
Barhydt, Barney	Supervisor - Pony Press		
Bechtel, Tom	Manufacturing Engineer		
Beneker, Steve	Manufacturing Engineer		
Brown, Rich	Manufacturing Engineer		
Gard, Steve	Manager - Fabrication		
Garvin, Jack	MT20 (see attached B)		
Griffith, Tony	Manager - Engineering/Fabrication		
Hansen, Marty	MT20 (see attached B)		
Hay, Jerry	Manufacturing Engineer		
Heck, Lee	Manufacturing Engineer		
Hendricks, Phil	MT20 (see attached B)		
Hoffman, Paul	Supervisor - Sensing Elements		
Krabill, Dave	Quality Engineer		
Martin, Larry	MA12 (see attached A)		
McCorkel, Joe	Manager - Plant Engineering		
Miller, Rocky	Supervisor - Plant Wide		

W

<u>NAME</u>	<u>JOB TITLE/DESCRIPTION</u>	<u>DATE TRAINED</u>	<u>SIGNATURE</u>
Pierce, Mike	MT20 (see attached B)		
Schlemmer, Jack	Maintenance Supervisor		
Sims, Ron	MT20 (see attached B)		
Smoot, Walt	MT20 (see attached B)		
Stouder, Mike	MA12 (see attached A)		
Troup, Dave	Supervisor - Screw Machine/Lathe		
Waldrop, Dave	Supervisor - Finishing Dept.		
Wilband, John	Manufacturing Engineer-Finishing		
Wolferman, Morrie	Supervisor - Plant Wide		
Young, Dick	Supervisor - Punch Press		

W

3A

FACTORY JOB ANALYSIS REPORT

JOB TITLE Waste Treatment/Hazardous Waste Operator

DEPARTMENT Maintenance NO. 5331 LOCATION Goshen

CODE NO MA12 TOTAL POINTS 255 LABOR GRADE 12

JOB ANALYZED BY S. Leedy DATE 8/7/85

ANALYSIS APPROVED BY _____ DATE _____

JOB DESCRIPTION

Maintains segregation of wastes classified as toxic and hazardous and prepares or treats for disposal, including record keeping, labeling of containers, sampling of wastes and handling of the waste containers from all depts. Maintains drum storage area for segregated waste material. Keeps all areas' records in a neat, clean condition. Maintains drum storage for segregated waste materials. Disposes and/or treats all waste generated in Paint/Plate dept. that is not closed loop to holding tanks or treatment system. Responsible for monitoring all meters and gauges in the control console of the waste water treatment system. If problems are noted, will notify proper individuals to rectify the identified problem. Performs sampling and testing of effluent from the waste water treatment system, using prescribed testing equipment such as beakers, pipettes, test tubes, titrating equipment and colorimeter equipment.

In complete charge of barrel house which includes receiving and dispensing all chemical in barrel house and/or chemicals used for production in Finishing Dept. Uses truck and other material handling devices to keep items stored in racks and in other assigned locations. Maintains and replenishes supplies as required in the effluent treatment system. Assists in loading/unloading of delivery trucks. Receives regular work assignments from Supervision or other designated personnel. Performs related work as required.

Tools used: Lift trucks, hand trucks, hand tools, lab equipment (i.e., beakers, pipette test tubes, titrating equipment and colorimeter equipment), miscellaneous handling equipment.

FACTOR DESCRIPTION

DEGREE	POINTS	FACTOR DESCRIPTION
4	30	1. EDUCATION: Reads & interprets prints, written instructions, basic knowledge of metric system and understanding of simple lab procedures.
5	40	2. EXPERIENCE: Requires eighteen months to three years to learn job.
3	25	EQUIPMENT: Waste treatment meter & gages, waste water testing equipment, lift truck, hand trucks, and miscellaneous equipment.
3	10	3. INITIATIVE: Secures tools and materials. Sets up as specified, checks equipment, drawings and materials before calling supervisor.
3	10	JUDGMENT: Decides when deviations from methods and procedures are similar occurrences & repeat past actions to solve deviations.
3	10	4. VERSATILITY: Varied work requires ability to perform many standard operations not closely related.
4	15	INGENUITY: Required development of methods, tools and/or procedures from general instructions, sketches, etc.

DEGREE	POINTS	5. PHYSICAL EFFORT: May exert force up to 100 lbs. in handling materials	
5	15		
2	3	ENDURANCE: Could exceed 10% of job time.	
2	4	6. WORKING POSITION: Normally stands or walks.	
4	6	7. MENTAL CONCENTRATION - EXACTING: Mental effort 50% to 75% of job time required.	
3	4	TEDIOUS: Mentally tiring.	
2	4	8. VISUAL STRAIN: Occasional fine observations, but not continuous.	
2	10	9. PROCESS OR EQUIPMENT: Cost to repair or replace damage to equipment might approach \$100.00	
2	10	10. MATERIAL OR PRODUCT: Cost due to process damage of product or material could exceed \$25.00	
3	15	11. SAFETY OF OTHERS: Reasonable care required to prevent accidents. Possibility of injuries which will probably result in lost time.	
1	5	12. WORK OF OTHERS: Responsible for own work only.	
2	2	13. TEMPERATURE - HEAT - COLD: Intermittent exposure	DEGREE 1 POINTS 1
2	2	EXPOSURE: to varying temperature	1 1
3	3	14. FUMES - EFFECT: Intermittent exposure to unpleasant fumes	2 2
2	2	EXPOSURE: which could affect the eyes	2 2
1	1	15. NOISE - TYPE: Moderate noise.	3 3
1	1	EXPOSURE: Moderate	
2	2	16. DIRT - EXTENT: Intermittent exposure to materials that	2 2
2	2	EXPOSURE: stain.	
3	11	17. DUST - EFFECT: Little dust	
2	2	EXPOSURE:	
		18. DAMP - EXTENT: Intermittent moisture	
		EXPOSURE:	
		19. PHYSICAL CONTACT: Cutting, burning or poisoning hands or arms.	
		20. DAMAGE TO CLOTHING: Slight repairable damage.	
3	11	21. UNAVOIDABLE ACCIDENTS - INJURIES: Exposure to accidents requiring the attention of a doctor.	
2	2	HEALTH: Some exposure to health hazards/	

POSITION DESCRIPTION Goshen Facility, Control Products Div. Johnson Controls, Inc.

TITLE: MAINTENANCE ASSOCIATE

MT20

Principle Duties and Responsibilities: Perform duties necessary to keep machinery, equipment and physical structures of the facility in good repair. Typical duties include but are not limited to the following:

Keeps machines, equipment and physical structures of the plant in good repair and working order by performing a variety of maintenance duties such as machine repair and moving, wiring, pipe-fitting, welding, and wood working. Installs and repairs hydraulic, air logic, electronic, and refrigeration equipment. May construct and/or maintain other equipment such as test apparatus, ovens, controlling devices, special machines, bowl feeders, automatic machines, high voltage distribution, and related equipment. Plans work and proceeds, calling in supervision and/or other staff help in unusual cases. Has high level skill in one or more areas. Is moderately skilled in the use of tools of many trades, and may be called on for a variety of these duties. Occasionally works around areas requiring inhalator protection and observance of well defined safety procedures. Works with installation, maintenance engineers and other technical personnel. May instruct and help others, such as apprentices, etc. Moves, lifts and handles materials as required using manual and/or powered equipment. Segregates and disposes of scrap, waste, obsolete materials, machines, etc. in accordance with general or specific instructions. Keeps work area clean and orderly. Receives regular work assignments from supervision or other authorized personnel. Performs special work as required.

Completes necessary paperwork as required. Makes calculations using shop math and posts results.

Uses common hand tools, tapes, scales, micrometers, machine tools, welders, electronic equipment, test panels, cranes, lift trucks, yard trucks and special equipment.

Note: The above work is normally performed by employees of the Maintenance Division, Group I.

Knowledge, Skills and Abilities Required: Must be able to read and interpret complicated schematics, drawings, sketches and specifications. Understands advanced shop mathematics. 4 year apprenticeship or equivalent specialized training.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification and are not intended to be construed as an exhaustive list of all duties, responsibilities and skills required by the position.

Date 2-26-88 Prepared by: _____

Approvals: _____

Date

Date

Date

Date

PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB NO. 2050-0039

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

I N D O O 9 . 5 . 4 . 9 . 5 . 9 . 3

Manifest
Document No.

8 . 5 . 4 . 0 . 8

2. Page 1
of 1Information in the shaded area is
not required by Federal law, but
items D, F, H and I are required by
State law.

3. Generator's Name and Mailing Address

JOHNSON CONTROLS
1302 E MONROE
GOSHEN

IN 46526-4297

219 533-2111

A. State Manifest Document Number

INA 0417242

B. State Generator's ID

4. Generator's Phone ()

5. Transporter 1 Company Name

SAFETY-KLEEN CORP.

6. Use EPA ID Number

I . L . D . 0 . 5 . 1 . 0 . 6 . 0 . 4 . 0 . 8

C. State Transporter's ID

D. Transporter's Phone 219 289-4510

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Generator's Name and Site Address

SAFETY-KLEEN CORP.
2217 WESTERN AVENUE

5-082-0110

10. Use EPA ID Number

I N D O O 0 7 1 5 4 7 4

G. State Facility's ID

H. Facility's Phone

219 289-4510

SOUTH BEND, IN

46628

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13.
Total
Quantity14.
Unit
Wt./Vol.15.
Waste No.a. WASTE PETROLEUM NAPHTHA
COMBUSTIBLE LIQUID UN1255 (EPA D001)

007

DR

00520

P

D001

GENERATOR

d. NOTICE: IN ACCORDANCE WITH 40 CFR 268.7, THE GENERATOR PROVIDES NOTICE
THAT THE WASTE DESCRIBED AS 'WASTE PETROLEUM NAPHTHA' IS A
RESTRICTED WASTE. THE WASTE CONTAINS THE FOLLOWING CONSTITUENTS WHOSE
TREATMENT STANDARDS ARE NOTED: TOTAL HALOGENATED ORGANIC
COMPOUNDS (1000 MG/L), LEAD (500 MG/L).

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

9003 12174850 983408 5-082-01-4068 14

SEDOT# A:

501 B:

C:

D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by
proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway
according to applicable international and national government regulations.If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have
determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me
which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith
effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

JACK SCHENK

Signature

J. Schenck

Date

Month Day Year

01/22/90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DAVE ROZSA

Signature

Dave Rozsa

Date

Month Day Year

01/22/90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name

Signature

Date

Month Day Year

INA 0417242

Company Lab Report #:

8



**IMPORTANT
FAX**

DATE: May 24, 1990

TIME: _____

COMPANY NAME Johnson Controls

DEPARTMENT _____

FAX NUMBER 534-2273

THIS FAX CONTAINS 3 PAGES INCLUDING
THIS PAGE. (If all pages are not received, please notify us at once.)

PLEASE DELIVER THIS
FAX IMMEDIATELY TO:

LEE Heck

FROM: '
DIRG

COMMENTS: This is the ANALYSIS on the solvent from
S.K parts washer's

Thank you
DIRG

SAFETY-KLEEN CORP.

5-082-01

P.O. BOX 3806

2217 WESTERN AVENUE

SOUTH BEND, INDIANA

46610

PHONE: (219) 289-4510

FAX (219) 282-2785

PREQUALIFICATION EVALUATION
CUSTOMER SURVEY

PAGE.002

COMPLETE: 05/09/90
CONTROL#: 0081429-8
SAMPLE#: 078828

ACCEPT

FLUID RECOVERY

MSDS ATTACHED

** FLUID RECOVERY **

CUSTOMER INFORMATION:

JOHNSON CONTROLS
1302 E MONROE
GOSHEN

IN 46526

ATTN: EMERY LEE HECK

BRANCH: 508201 MARK ZIMMERMAN COUNTY: ELKHART
NATURE OF BUSINESS: MFG OF CONTROLS PRODUCT
FEDERAL EPA ID: IN0009549593 STATE EPA: ID:
MANIFEST ADDRESS IS FACILITY MANIFEST TO SAFETY-KLEEN
MATERIAL: S.K. 105 MINERAL SPIRITS
VOLUME: 110 GALS PER MONTH
STORAGE CAPACITY: 110 IN DRUMS
PROCESS: SOLVENT FROM PARTS WASHERS
VOLUME ON HAND: 110
SHIPPING FREQUENCY: 110 IN DRUMS
COLOR: GREEN LAYERS: ONE PHYSICAL STATE: LIQUID VISCOSITY: LOW
CODE MIN MAX TYPICAL
0.0 100.0
MATERIAL COMPOSITION(VOL%):
SK 105 M/S
RESTRICTED SUBSTANCES: NONE
D.O.T. HAZARDOUS MATERIAL: CUSTOMER REQUEST ASSISTANCE
EPA HAZARDOUS WASTE: CUSTOMER REQUEST ASSISTANCE
P.O. NO: 3924-2
TYPE OF SAMPLE: GRAB NUMBER OF DRUMS SAMPLED: C
CONTACT: EMERY LEE HECK TITLE: MANUFACTURING ENGINEER
DATE: 04/26/90
TAKEN BY: SALESREP
PHONE: 219-533-2111
CORPORATE REVIEWS: DISPOSITION REVIEWER DATE
TECHNICAL: ACCEPT CAP 05/09/90
REGULATORY: ACCEPT TAL 05/09/90
OPERATING: ACCEPT UWH 05/09/90
HANDLING CODES: S02/T50 PRICING CODE: #1
APPROVED FACILITIES:
(854) SAFETY-KLEEN CORP (658) SAFETY-KLEEN CORP
633 EAST 138TH ST STATE HWY 146
DOLTON IL 60419 NEW CASTLE KY 40050
FED EPA#: ILD980613913 KY0053348108
STATE EPA#: 0310690006
TELEPHONE: 708/849-4850 502/845-2453
IL AUTH#: 000161
APPROVED 0000527 DRUM >100 LB
DOT-EPA RQ WASTE PETROLEUM NAPHTHA
DESC. COMBUSTIBLE LIQUID UN1255 (DOO1)(ERG#27)

COMMENTS:

THIS SERVES AS NOTICE PER 40CFR264.12(B), THAT THE FACILITY(IES) NOTED ABOVE
HAS THE APPROPRIATE PERMITS AND IS WILLING TO RECEIVE THE MATERIAL DESCRIBED.

FLUID RECOVERY
JOHNSON CONTROLS

ACCEPT
MSDS ATTACHED

FLUID RECOVERY

GENERAL ANALYSIS OF TOTAL SAMPLE

COLOR GREEN
WATER CONTENT < 0.1 WT%
NON-VOLATILE RESIDUE: 0.4 WT% DESCRIPTION: OIL
FLAMMABILITY FLASHED AT 140 F BY SETAFLASH
FLAMMABILITY NO FLASH AT 102 F BY SETAFLASH
PH EXTRACT BY PAPER 6 O
RADIOACTIVITY NONE DETECTED

FUEL EVALUATION OF TOTAL SAMPLE

HEAT CONTENT: 19800 BTU/LB
TOTAL CHLORINE CL: 0.3 WT%
TOTAL FLUORINE F: 0.1 WT%
ASH UPON COMBUSTION: < 1.0 WT%
TOTAL BROMINE BR: < 0.1 WT%
TOTAL SULFUR S: < 0.1 WT%

GENERAL COMPOSITION:

	SPECIFIC GRAVITY	VISCOSITY (CENTIPOISE)	GENERAL COMPOSITION BY:	
			APPEARANCE (VOL%)	TOTAL (WT %)
AQUEOUS PHASE (FREE WATER)			0.0	0.0
ORGANIC PHASE (FEEDSTOCK)			100.0	100.0
BOTTOM SLUDGE (SEMISOLIDS)			0.0	0.0
BOTTOM SOLID (SETTLED SOLIDS)			0.0	0.0
TOTAL	.780	< 50 CPS	100.0	100.0

SPECIFIC COMPOSITION OF TOTAL SAMPLE

	COMPOSITION OF:	TOTAL SAMPLE (WT%)	TOTAL SAMPLE (WT%)
WATER CONTENT	DESCRIPTION: OIL	0.1	0.1
NON-VOLATILE RESIDUE		0.4	0.4
VOLATILE ORGANICS BY DIFFERENCE		99.5	99.5
TOTAL		100.0	100.0

VOLATILE ORGANIC COMPOSITION OF TOTAL SAMPLE BY GAS CHROMATOGRAPHY
SAMPLE PREPARATION METHODS: NEAT
DETECTION METHODS: FID

COMPOUND NAME	COMPOSITION OF:	VOLATILE ORGANICS (WT%)	VOLATILE ORGANICS (WT%)	TOTAL SAMPLE (WT%)
MINERAL SPIRITS, ALIPHATIC (C9-C13)	CODE CAS NUMBER			
HIGH BOILING ALIPHATIC HYDROCARBONS (C14-C20)	MS 8032-32-4	99.3	99.3	99.3
TOTAL OTHERS (<1.0% EACH)	MHC 0-34-0	0.6	0.6	0.6
	TD 0-05-5	0.1	0.1	0.1
TOTAL		100.0	100.0	99.5

SUMMARY OF VOLATILE ORGANIC COMPOSITION BY COMPOUND CHEMICAL CLASS WT%:

ALCOHOLS	0.0	ALIPHATIC HYDROCARBONS	99.9
AROMATIC HYDROCARBONS	0.0	CHLORINATED SOLVENTS	0.0
ESTERS	0.0	ETHERS	0.0
GLYCOL ETHERS	0.0	INHIBITORS	0.0
KETONES	0.0	NITROGEN COMPOUNDS	0.0

SPECIFIC ORGANIC COMPOSITION

POLYCHLORINATED BIPHENYLS (PCBS): NONE DETECTED <

LABORATORY REVIEW: A

LEVEL: SEG CODE: RELEASED: 05/08/90
LAB REVIEWERS: CR CR ANALYZED: 05/08/90

TRACKING INFORMATION:

SURVEY RECEIVED DATE FACILITY
SAMPLE RECEIVED 04/30/90 SK TECHNICAL GEN
RESAMPLE SHIPPED 04/30/90
RESAMPLE RECEIVED

NO LAND DISPOSAL RESTRICTION OF WASTE CAN BE IDENTIFIED BASED ON S-K ANALYSIS.



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317/232-8603

RECEIVED
MAY 23 1991

VIA CERTIFIED MAIL P 124 438 017

May 20, 1991

Mr. Lee Heck
Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526

OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

Re: Violation Letter (VL-10750)
Hazardous Waste Management
Compliance Evaluation Inspection
Johnson Controls, Inc.
EPA I.D. No. IND 009549593
Goshen, Elkhart County

Dear Mr. Heck:

Representatives of the Department of Environmental Management (Department) are conducting inspections of facilities in Indiana that are engaged in the generation, transportation, treatment, storage, or disposal of hazardous waste. Facilities are being inspected to determine compliance with Indiana Code 13-7 (IC 13-7), "Environmental Management Act," and Indiana Administrative Code, 329 IAC 3, "Hazardous Waste Management Permit Program and Related Hazardous Waste Management Requirements." These inspections and record reviews are also being conducted pursuant to the requirements of the Resource Conservation and Recovery Act (RCRA), Public Law 94-580, as amended, for authorized state hazardous waste management programs.

This is to inform you that on November 1, 1990, an inspection of Johnson Controls, Inc., located at 1302 East Monroe Street, Goshen, Indiana, was conducted by Ms. Gail Artrip and Mr. Jim Myers of Metcalf and Eddy, Inc., representing the U.S. Environmental Protection Agency (EPA). You represented your firm at this inspection.

The following violations of 329 IAC 3 pertaining to the operation of your facility were noted:

1. 329 IAC 3-16-4 The waste analysis plan at the facility was found to be inadequate in several areas including:
 - a. the parameters for which each hazardous wastestream will be analyzed;
 - b. the frequency of testing; and
 - c. the test methods and sampling methods to be used.

2. 329 IAC 3-9-5 An accumulation of more than 55-gallons of hazardous waste was present in the wastewater treatment plant and 1,1,1-trichloroethane distillation unit satellite accumulation areas.
3. 329 IAC 3-16-7 Personnel training records did not include job titles, names of employee filling each job title, job descriptions, and a description of personnel training.
4. 329 IAC 3-16-7 No records were available to indicate that personnel had received the required training.
5. 329 IAC 3-18-6 The emergency coordinator was not familiar with information required to respond to an emergency. There was no evidence that he has had any hazardous materials training.
6. 329 IAC 3-23-4 There were two (2) drums present in the wastewater treatment plant satellite accumulation area and two (2) drums in the 1,1,1-trichloroethane distillation area that were stored open.
7. 329 IAC 3-9-5 The start of accumulation period was not clearly marked on three (3) drums of absorbent pads (F002) in the hazardous waste storage building.

Johnson Controls, within thirty (30) calendar days of receipt of this letter, shall achieve compliance with the following requirements:

1. Revise the waste analysis plan to include all the requirements in 329 IAC 3-16-4, and keep it on file at the facility. Enclosed for your reference is a guidance document "Hazardous Waste Facility Analysis Plans." Submit a copy of your revised waste analysis plan to this Office.
2. Amend your facilities operating procedures to insure that no more than fifty-five (55) gallons of hazardous waste are present in containers at or near any point of generation where the wastes are initially accumulated.
3. Revise personnel training records to include job titles, job descriptions and a description of personnel training. Submit a copy of the revised records to this Office.
4. Document training for all personnel involved in hazardous waste management, as described in 329 IAC 3-16-7. Submit a copy to this Office.

Mr. Lee Heck
Page 3

5. The emergency coordinator shall become familiar with all aspects of site operation and emergency procedures. Document any hazardous materials training the emergency coordinator has had.
6. Assure that all hazardous waste containers remain closed, except when adding or removing waste.
7. Mark the start of the accumulation period on each container of hazardous waste.
8. The inspection noted D001 wastes containing greater than 500 ppm lead. Submit a copy of the analyses used to determine that the proper waste characterization is D001 and not D008 as well.

Your company shall submit to this Office, within thirty-five (35) calendar days of receipt of this letter, a written detailed explanation of the steps taken to achieve compliance with each requirement. The letter shall state the date compliance was achieved.

Failure to respond adequately to this Violation Letter and verify a return to compliance at this facility will result in escalated enforcement action.

Please direct your response to this letter and any questions to Ms. Nancy L. Johnston of the Office of Solid and Hazardous Waste Management, of the Department, AC 317/233-3831.

Sincerely,



H. Martin Harmless II
Assistant Commissioner
Solid and Hazardous Waste Management

NLJ/rmw

Enclosures

cc: Elkhart County Health Department
Ms. Ann Budich, U.S. EPA, Region V
Mr. D. Bruce Kizer

AUG 11 1989

5HR-12

Mr. Emery Lee Heck
Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526

Re: Compliance Letter
Johnson Controls, Inc.
IND 009 549 593

Dear Mr. Heck:

On March 22, 1989, the Indiana Department of Environmental Management (IDEM), representing the United States Environmental Protection Agency (U.S. EPA), conducted a Resource Conservation and Recovery Act (RCRA) inspection of the above referenced facility. The purpose of the inspection was to determine the compliance status of this facility with respect to the applicable hazardous waste management requirements of Title 329 of the Indiana Administrative Code, and also the land disposal restrictions of certain spent solvents (F001-F005) and dioxins which became effective on November 8, 1986, and certain hazardous wastes commonly referred to as California list wastes which became effective on July 8, 1987. Additionally, the land disposal restrictions for First Third of Scheduled Wastes became effective on August 8, 1988. Regulations are set forth in 40 CFR Part 268 and in revisions to 40 CFR Parts 260-265, 268, 270, and 271.

As a result of the inspection, it appears that the subject facility is in compliance with the land disposal requirements found at 40 CFR Part 268.

Thank you for your cooperation. If you have any questions concerning this letter, please contact Mr. Greg Carlson of my staff at (312) 886-8095.

Sincerely yours,

Sally K. Swanson, Chief
IN/MN/OH Enforcement Program Section

Enclosure

cc: Dennis Zawodni, IDEM
bcc: Sally K. Swanson, REB
5HR-12 carlson./walker diskette "A" filename heck 8/2/89

8/2
PW

RCRA ENFORCE- MENT	REB STAFF	REB SECTION CHIEF	REB CHIEF
INIT. DATE	MC 8/2/89	AG for SICS 8-2-89	

QUB

RCRA LAND DISPOSAL RESTRICTION INSPECTION

Facility: Johnson Controls Inc.

U.S. EPA I.D. No.: IND 009 549 593

Street: 1302 East Monroe St.

City: Spokane State: WA. Zip Code: _____

Telephone: 219/533-2111

Operator: Same

Street: ↓

City: ↓ State: _____ Zip Code: _____

Telephone: ↓

Owner: ↓

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Inspection Date: 3/22/89 Time: 9:05 - AM Weather Conditions: Clear, 50°F.

	<u>Name</u>	<u>Affiliation</u>	<u>Telephone</u>
Inspectors:	<u>Ted Wanner</u>	<u>IDEM</u>	<u>317/232-4536</u>

Facility Representatives: _____

	<u>RCRA Status</u>	<u>F-Solvent</u>	<u>LDR Status</u> <u>California List</u>	<u>First Third</u>
Generator	<u>✓</u>	<u>✓</u>		<u>✓</u>
Transporter				
Treater				
Storer	<u>✓</u>	<u>✓</u>		<u>✓</u>
Disposer				

**RCRA LAND DISPOSAL RESTRICTION INSPECTION
APPLICABILITY CHECKLIST**

Does the facility handle the following wastes?

	Gen.	Treat	Store	Disp.	Trans.
A. <u>F-Solvent Wastes</u>					
1. F001	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. F002	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. F003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. F004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. F005	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Use Appendix A to determine whether the facility is misclassifying any of its wastes.

B. California List Wastes

1. Liquid hazardous waste (including free liquids associated with any solid or sludge) that contains the following metals at concentrations greater than or equal to those specified

N/A

		Gen.	Treat	Store	Disp.	Trans.
Arsenic	500 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cadmium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chromium VI	500 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead	500 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mercury	20 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selenium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thallium	130 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Liquid hazardous waste (including free liquids associated with any solid or sludge) that contains free cyanides at concentrations greater than or equal to 1,000 mg/L

Gen.	Treat	Store	Disp.	Trans.
_____	_____	_____	_____	_____

3. Liquid hazardous waste that has a pH of less than or equal to 2.0

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

4. Liquid hazardous waste that contains PCBs at concentrations greater than or equal to

50 ppm _____	_____	_____	_____	_____
--------------	-------	-------	-------	-------

500 ppm _____	_____	_____	_____	_____
---------------	-------	-------	-------	-------

Does the facility mix liquid hazardous waste that contains PCBs with other types of wastes?

_____ Yes _____ No _____ NA

If yes, state reasons for mixing:

5. Hazardous waste that contains HOCs greater than or equal to 1,000 mg/L (liquids) or 1,000 mg/kg (solids)

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Note (1): The prohibitions of 268.32(a)(3) and (e) do not apply if the waste is also subject to the solvent restrictions of 268 Subpart C for a specific HOC.

Note (2): The effective date of regulation for liquid wastes with HOCs greater than or equal to 1,000 mg/L and less than 10,000 mg/L was July 8, 1987; the effective date for liquid wastes containing HOCs greater than or equal to 10,000 mg/L and solid wastes containing HOCs greater than 1,000 mg/kg is November 8, 1988.

C. First Third Wastes

- Note: (1) The detailed description for waste codes are listed in Appendix C.
 (2) EPA has promulgated the treatment standards for the following waste code with *.

	Gen.	Treat	Store	Disp.	Trans.
F006*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F008	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F009	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K001*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K004*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K008*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K013	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K015*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K016*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K018*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K019*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K020*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K021*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K022*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K024*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K025*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K030*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K031	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K035	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K036*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K037*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K044*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K045*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K046*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	APP				
	Gen.	Treat	Store	Disp.	Trans.
K047*	_____	_____	_____	_____	_____
K048*	_____	_____	_____	_____	_____
K049*	_____	_____	_____	_____	_____
K050*	_____	_____	_____	_____	_____
K051*	_____	_____	_____	_____	_____
K052*	_____	_____	_____	_____	_____
K060*	_____	_____	_____	_____	_____
K061*	_____	_____	_____	_____	_____
K062*	_____	_____	_____	_____	_____
K069*	_____	_____	_____	_____	_____
K071*	_____	_____	_____	_____	_____
K073*	_____	_____	_____	_____	_____
K083*	_____	_____	_____	_____	_____
K084	_____	_____	_____	_____	_____
K085	_____	_____	_____	_____	_____
K086*	_____	_____	_____	_____	_____
K087*	_____	_____	_____	_____	_____
K099*	_____	_____	_____	_____	_____
K100*	_____	_____	_____	_____	_____
K101*	_____	_____	_____	_____	_____
K102*	_____	_____	_____	_____	_____
K103*	_____	_____	_____	_____	_____
K104*	_____	_____	_____	_____	_____
K106*	_____	_____	_____	_____	_____
P001	_____	_____	_____	_____	_____
P004	_____	_____	_____	_____	_____
P005	_____	_____	_____	_____	_____
P010	_____	_____	_____	_____	_____
P011	_____	_____	_____	_____	_____
P012	_____	_____	_____	_____	_____
P015	_____	_____	_____	_____	_____
P016	_____	_____	_____	_____	_____
P018	_____	_____	_____	_____	_____

	APP				
	Gen.	Treat	Store	Disp.	Trans.
P020	_____	_____	_____	_____	_____
P030	_____	_____	_____	_____	_____
P036	_____	_____	_____	_____	_____
P037	_____	_____	_____	_____	_____
P039	_____	_____	_____	_____	_____
P041	_____	_____	_____	_____	_____
P048	_____	_____	_____	_____	_____
P050	_____	_____	_____	_____	_____
P058	_____	_____	_____	_____	_____
P059	_____	_____	_____	_____	_____
P063	_____	_____	_____	_____	_____
P068	_____	_____	_____	_____	_____
P069	_____	_____	_____	_____	_____
P070	_____	_____	_____	_____	_____
P071	_____	_____	_____	_____	_____
P081	_____	_____	_____	_____	_____
P082	_____	_____	_____	_____	_____
P084	_____	_____	_____	_____	_____
P087	_____	_____	_____	_____	_____
P089	_____	_____	_____	_____	_____
P092	_____	_____	_____	_____	_____
P094	_____	_____	_____	_____	_____
P097	_____	_____	_____	_____	_____
P102	_____	_____	_____	_____	_____
P105	_____	_____	_____	_____	_____
P108	_____	_____	_____	_____	_____
P110	_____	_____	_____	_____	_____
P115	_____	_____	_____	_____	_____
P120	_____	_____	_____	_____	_____
P122	_____	_____	_____	_____	_____
P123	_____	_____	_____	_____	_____
U007	_____	_____	_____	_____	_____
U009	_____	_____	_____	_____	_____

	APP				
	Gen.	Treat	Store	Disp.	Trans.
U010	_____	_____	_____	_____	_____
U012	_____	_____	_____	_____	_____
U016	_____	_____	_____	_____	_____
U018	_____	_____	_____	_____	_____
U019	_____	_____	_____	_____	_____
U022	_____	_____	_____	_____	_____
U029	_____	_____	_____	_____	_____
U031	_____	_____	_____	_____	_____
U036	_____	_____	_____	_____	_____
U037	_____	_____	_____	_____	_____
U041	_____	_____	_____	_____	_____
U043	_____	_____	_____	_____	_____
U044	_____	_____	_____	_____	_____
U046	_____	_____	_____	_____	_____
U050	_____	_____	_____	_____	_____
U051	_____	_____	_____	_____	_____
U053	_____	_____	_____	_____	_____
U061	_____	_____	_____	_____	_____
U063	_____	_____	_____	_____	_____
U064	_____	_____	_____	_____	_____
U066	_____	_____	_____	_____	_____
U067	_____	_____	_____	_____	_____
U074	_____	_____	_____	_____	_____
U077	_____	_____	_____	_____	_____
U078	_____	_____	_____	_____	_____
U086	_____	_____	_____	_____	_____
U089	_____	_____	_____	_____	_____
U103	_____	_____	_____	_____	_____
U105	_____	_____	_____	_____	_____
U108	_____	_____	_____	_____	_____
U115	_____	_____	_____	_____	_____
U122	_____	_____	_____	_____	_____
U124	_____	_____	_____	_____	_____

	APP				
	Gen.	Treat	Store	Disp.	Trans.
U129	_____	_____	_____	_____	_____
U130	_____	_____	_____	_____	_____
U133	_____	_____	_____	_____	_____
U134	_____	_____	_____	_____	_____
U137	_____	_____	_____	_____	_____
U151	_____	_____	_____	_____	_____
U154	_____	_____	_____	_____	_____
U155	_____	_____	_____	_____	_____
U157	_____	_____	_____	_____	_____
U158	_____	_____	_____	_____	_____
U159	_____	_____	_____	_____	_____
U171	_____	_____	_____	_____	_____
U177	_____	_____	_____	_____	_____
U180	_____	_____	_____	_____	_____
U185	_____	_____	_____	_____	_____
U188	_____	_____	_____	_____	_____
U192	_____	_____	_____	_____	_____
U200	_____	_____	_____	_____	_____
U209	_____	_____	_____	_____	_____
U210	_____	_____	_____	_____	_____
U211	_____	_____	_____	_____	_____
U219	_____	_____	_____	_____	_____
U220	_____	_____	_____	_____	_____
U221	_____	_____	_____	_____	_____
U223	_____	_____	_____	_____	_____
U226	_____	_____	_____	_____	_____
U227	_____	_____	_____	_____	_____
U228	_____	_____	_____	_____	_____
U237	_____	_____	_____	_____	_____
U238	_____	_____	_____	_____	_____
U248	_____	_____	_____	_____	_____
U249	_____	_____	_____	_____	_____

J.C.I.

GEN

RCRA LAND DISPOSAL RESTRICTION INSPECTION

GENERATOR CHECKLIST

GENERATOR REQUIREMENTS

A. BDAT Treatability Group - Treatment Standards Identification

1. F-Solvent Wastes: Does the generator correctly determine the appropriate treatability group of the waste?

☒ Yes ☐ No ☐ NA

If yes, check the appropriate treatability group.

- ☐ Wastewaters containing solvents (less than or equal to 1% TOC by weight)
☐ Pharmaceutical wastewater containing
☒ spent methylene chloride
☐ All other spent solvent wastes

2. California List Wastes: Does the generator correctly determine the appropriate treatment standard of the waste?

- a. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 50 but less 500 ppm, is the treatment in accordance with existing TSCA thermal treatment regulations for burning in high efficiency boilers (40 CFR 761.60) or incineration (40 CFR 761.70)?

☐ Yes ☐ No ☒ NA

If yes, specify the method: _____

- b. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 500 ppm, is the waste incinerated or disposed of by other approved alternate methods (40 CFR 761.60 (e))?

☐ Yes ☐ No ☒ NA

If yes, specify the method and state whether the facility has submitted a written request to the Regional Administrator or Assistant Administrator for an exemption from the incineration requirement:

3. First Third Wastes: Does the generator correctly determine the appropriate treatability group of the waste?

☒ Yes ☐ No ☐ NA

If yes, check the appropriate treatability group.

☒ Wastewater (less than 1% TOC by weight and less than 1% filterable solids)
☐ Nonwastewaters

List the waste code and check the correct treatment standard group.

Waste Code	Wastewater	Nonwastewater
<u>F006</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>

B. Waste Analysis

1. F-Solvent Wastes

- a. Does the generator determine whether the F-solvent waste exceeds treatment standards?

☒ Yes ☐ No ☐ NA

How was this determination made?

- Knowledge of waste

☒ Yes ☐ No

If yes, is any supporting data available for review? Describe how this is adequate. _____

- TCLP

☒ Yes ☐ No

If yes, provide the date of last test, the frequency of testing, and note any problems. Attach test results.

Sept. 1988 and every 60 days

- b. Does the F-solvent waste exceed applicable treatability group treatment standards upon generation [268.7(a)(2)]?

☒ Yes ☐ No ☐ NA

If yes, specify the waste stream:

Paint and degreasing waste

- c. Does the generator dilute the F-solvent waste as a substitute for adequate treatment [268.3]?

☐ Yes ☐ No ☒ NA

- d. How does the generator test F-solvent waste when a process or waste stream changes?

N/A

2. California List Wastes

- a. Does the generator determine whether the waste is a liquid according to the Paint Filter Liquids Test (PFLT method 9095) as described by SW-846?

☐ Yes ☐ No ☒ NA

- b. If the waste is determined to be a liquid according to PFLT, is an absorbent added to the waste?

☐ Yes ☐ No ☒ NA

What type of absorbent is used? _____

Check the types of waste to which absorbent is added.

☐ Liquid hazardous waste having a pH less than or equal to 2

☐ Liquid hazardous waste containing metals

☐ Liquid hazardous waste containing free cyanides

- c. Does the generator determine whether the concentration levels (not extract or filtrate) in the waste equal or exceed the prohibition levels or whether the waste has a pH of less than or equal to 2.0 based on:

- Knowledge of wastes

☐ Yes ☐ No ☒ NA

If yes, is any supporting data available for review? Describe how this is adequate. _____

- Testing _____ Yes _____ No ✓ NA

If yes, list test method used: _____

d. Does the generator determine if concentration levels in the PFLT filtrate exceed cyanide and metals concentration levels?

_____ Yes _____ No ✓ NA

- If yes, list test method used and constituent and concentration levels that exceeded prohibition levels: _____

e. Does the generator dilute the waste as a substitute for adequate treatment [268.3]?

_____ Yes _____ No ✓ NA

3. First Third Wastes:

a. Does the generator correctly determine the appropriate treatment standard of the waste?

✓ Yes _____ No _____ NA

Note: The treatment standards for first third wastes are given in Appendix D.

b. Does the generator determine whether the First Third waste exceeds treatment standards upon generation?

✓ Yes _____ No _____ Soft hammer

If yes, specify the waste stream: F006

How was this determination made?

- Knowledge of waste

✓ Yes _____ No

If yes, is any supporting data available for review? Describe how this is adequate. _____

- TCLP

☒ Yes ☐ No ☐ NA

- Total Constituent Analysis

☐ Yes ☐ No ☐ NA

Provide the date of last test, the frequency of testing, and note any problems. Attach test results.

Sept. 1988

c. Does the generator dilute the waste as a substitute for adequate treatment [268.3]?

☐ Yes ☐ No ☒ NA

d. How does the generator test the waste when a process or waste stream changes?

N/A

C. Management

1. On-Site Management

Is restrict waste or waste that exceeds the treatment standards treated, stored, or disposed on-site?

☒ Yes ☐ No

stored in containers

If yes, the TSD Checklist must be completed.

2. Off-Site Management

a. Does the generator ship any waste that exceeds the treatment standards to an off-site treatment or storage facility?

☒ Yes ☐ No

Treatment

b. Does the generator provide notification to the treatment or storage facility [268.7(a)(1)]?

☒ Yes ☐ No

c. Does notification contain the following?

EPA Hazardous waste number(s) ☒ Yes ☐ No

Applicable treatment standards ☒ Yes ☐ No

Manifest number ☒ Yes ☐ No

Waste analysis data, if available ☒ Yes ☐ No

Identify off-site treatment or storage facilities: Great Lakes
Environmental, Warren Mich.

d. Does the generator ship any waste that meets the treatment standards to an off-site disposal facility?

☐ Yes ☒ No

e. Does the generator provide notification and certification to the disposal facility [268.7(a)(2)]?

☐ Yes ☐ No

f. Does notification contain the following?

EPA Hazardous waste number(s) ☐ Yes ☐ No

Applicable treatment standards ☐ Yes ☐ No

Manifest number ☐ Yes ☐ No

Waste analysis data, if available ☐ Yes ☐ No

Certification that the waste meets treatment standards ☐ Yes ☐ No

Identify off-site land disposal facilities: _____

g. Is the waste subject to a nationwide variance, case by case extension (268.5), or petition (268.6)?

☐ Yes ☐ No ☒ NA

h. If yes, does the generator provide notification to the off-site receiving facility that the waste is not prohibited from land disposal [268.7(a)(3)]?

☐ Yes ☐ No

- i. If yes, does the notification contain the following information?

EPA Hazardous waste number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The corresponding treatment standards and all applicable prohibitions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manifest number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waste analysis data, if available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date the waste is subject to the prohibitions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- j. Does the generator retain copies of all notices and certifications for a period of 5 years?
- ☐ Yes ☐ No

D. Demonstration and Certification -- "Soft Hammer" Wastes

N/A

- a. Has the generator attempted to locate and contract with treatment and recovery facilities that provide treatment that yields the greatest environmental benefit [268.8(a)(1)]?
- ☐ Yes ☐ No
- b. Has the generator submitted to the Regional Administration a demonstration and certification containing the following information to document its efforts to locate practically available treatment:
- | | | |
|--|------------------------------|-----------------------------|
| A list of facilities and facility officials contacted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Addresses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Telephone Numbers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Contact dates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Attach a copy of the demonstration and certification

- c. If the generator has determined that there is no practically available treatment for its wastes, has it sent documentation to EPA demonstrating why it was not able to obtain treatment or recovery for the waste?
- ☐ Yes ☐ No

If yes, attach a copy of written discussion.

- d. Does the generator ship his waste off-site for treatment?

_____ Yes _____ No

Describe the type of treatment and treatment facilities _____

- e. Did the generator send a copy of its demonstration and certification to the receiving facility with the first shipment of waste?

_____ Yes _____ No

- f. Does the generator provide certification with each subsequent shipment of wastes?

_____ Yes _____ No

- g. Does the generator provide the following notification to the receiving facility with each shipment of waste?

(i) EPA Hazardous waste number _____ Yes _____ No

(ii) Manifest number _____ Yes _____ No

(iii) Waste analysis data,
if available _____ Yes _____ No

- h. Does the generator retain copies of all notices, demonstrations, and certifications for a period of 5 years?

_____ Yes _____ No

E. Treatment Using RCRA 264/265 Exempt Units or Processes

(i.e., boilers, furnaces, distillation units, wastewater treatment tanks, elementary neutralization, etc.)

Are treatment residuals generated from units or processes exempt under RCRA 264/265?

_____ Yes _____ 1 No

If yes, list types of waste treatment units and processes:

A.C.I.

TSD

RCRA LAND DISPOSAL RESTRICTION INSPECTION

TSD CHECKLIST

TSD REQUIREMENTS

A. General Facility Standards

1. Does the waste analysis plan cover Part 268 requirements [264.13 or 265.13]?

o F-solvent ☒ Yes ☐ No ☐ NA
o California List ☐ Yes ☐ No ☐ NA
o First Third ☒ Yes ☐ No ☐ NA

2. Does the facility obtain representative chemical and physical analyses of wastes and residues?

☒ Yes ☐ No

- a. What date was the waste analysis plan last revised? 7/26/1988

- b. Are analyses conducted on-site or off-site?

☐ On-site ☒ Off-site

Identify off-site lab: Great Lakes Environmental,
Warren, Mich.

- c. Is F-solvent waste analyzed using TCLP?

☒ Yes ☐ No ☐ NA

- d. Is First Third waste analyzed using the analytical method that is appropriate for the objective of the specified BDAT (i.e., total constituent analysis for destruction technologies and TCLP for stabilization/fixation technologies)?

☒ Yes ☐ No ☐ NA

Note: The appropriate analytical methods (TCLP or total constituent) for first third wastes with specified treatment standards are given in Appendix D.

- e. Describe the frequency of sampling: every 60 days

3. Are the operating records, including analyses and quantities, complete [264.73/265.73]?

☒ Yes ☐ No

B. Storage (268.50)

1. Are restricted wastes stored on-site?

☒ Yes ☐ No

If no, go to C, Treatment.

2. If yes, check the appropriate method.

☒ Tanks
☒ Containers

3. Are all containers clearly marked to identify the contents and date(s) entering storage?

☒ Yes ☐ No ☐ NA

4. Do operating records track the location, quantity of the wastes, and dates that the wastes enter and leave storage?

☒ Yes ☐ No

5. Do operating records agree with container labeling?

☒ Yes ☐ No ☐ NA

6. Do operating records contain copies of the notice, certification, and demonstration (if applicable) from the generator for the past 5 years?

☒ Yes ☐ No

7. Have wastes been stored for more than 1 year since the applicable LDR regulations went into effect?

____ Yes ____ No ☒ NA

If yes, can the facility show that such accumulation is necessary to facilitate proper recovery, treatment, or disposal?

____ Yes ____ No

If yes, state how: _____

8. Have tanks been emptied at least once per year since the applicable LDR regulations went into effect? N/A

____ Yes ____ No ____ NA

If yes, do the operating records show that the volume of waste removed from tanks annually equals or is more than the tank volume?

____ Yes ____ No

9. Are all tanks clearly marked with a description of the contents, the quantity of wastes received, and date(s) entering storage, or is such information recorded and maintained in the operating record?

____ Yes ____ No ____ NA

C. Treatment

1. Does the facility treat restricted wastes other than in surface impoundments?

____ Yes ☒ No

If no, go to D, Treatment in Surface Impoundments.

2. Describe the treatment processes:

3. Does the facility, in accordance with an acceptable waste analysis plan, determine whether the residue or residue extract (for treatment standards expressed as concentrations in the waste extract) from all treatment processes is less than treatment standards [268.7(b)]?

_____ Yes _____ No

4. Is dilution used as a substitute for treatment?

_____ Yes _____ No

6. Are notifications, demonstration, and certification (if applicable) prepared by the generators kept in the facility's operating record?

_____ Yes _____ No

7. Does the facility ship any waste or treatment residue that meets the treatment standards to an off-site disposal facility?

_____ Yes _____ No _____ NA

If yes, does the treatment facility provide notification and certification to the disposal facility?

_____ Yes _____ No

If yes, does notification contain the following?

EPA Hazardous waste number(s)	_____ Yes	_____ No
Applicable treatment standards	_____ Yes	_____ No
Manifest number	_____ Yes	_____ No
Waste analysis data, if available	_____ Yes	_____ No
Certification that the waste meets the treatment standards	_____ Yes	_____ No

Identify off-site disposal facilities:

8. Does the facility ship any "soft hammer" waste to an off-site disposal facility?

_____ Yes _____ No _____ NA

If yes, does the treatment facility send a copy of the generator's demonstration (if applicable) and certification to the disposal facility?

_____ Yes _____ No

D. Treatment in Surface Impoundments

1. Are restricted wastes placed in surface impoundments for treatment?

_____ Yes _____ ☒ No

If no, go to E, Land Disposal.

2. If yes, did the facility submit to the Agency the waste analysis plan and certification of compliance with minimum technology and ground-water monitoring requirements?

_____ Yes _____ No

3. If the minimum technology requirements have not been met, has a waiver been granted for that unit?

_____ Yes _____ No _____ NA

4. Are representative samples of the sludge and supernatant from the surface impoundment tested separately, acceptably, and in accordance with the sampling frequency and analysis specified in the waste analysis plan?

_____ Yes _____ No

Attach test results.

5. Do the hazardous waste residues (sludges or liquids) exceed the treatment standards specified in 268.41, or where no treatment standards are established for a waste, the applicable prohibition levels?

_____ Yes _____ No

6. Provide the frequency of analyses conducted on treatment residues: _____

7. Does the operating record adequately document the results of waste analyses performed in accordance with 268.41?

_____ Yes _____ No

8. Do the hazardous waste residues exceed the treatment standards (268.41) or do not meet the prohibition levels?

Sludge _____ Yes _____ No

Supernatant _____ Yes _____ No

a. If yes, are sludge and supernatant removed adequately on an annual basis?

_____ Yes _____ No

b. Are adequate precautions taken to protect liners, and do records indicate that liner integrity is inspected?

_____ Yes _____ No

c. Are residues subsequently managed in another surface impoundment?

_____ Yes _____ No

d. Are residues treated prior to disposal?

_____ Yes _____ No

If yes, are waste residues treated on-site or off-site?

_____ On-site _____ Off-site

Identify treatment method: _____

E. Land Disposal

1. Are restricted wastes placed in land disposal units such as landfills, surface impoundments, waste piles, wells, land treatment units, salt domes/beds, mines/caves, or concrete vault or bunker?

_____ Yes 1 No

Note: Do not include surface impoundments addressed in D, Treatment in Surface Impoundments.

If yes, specify which units and what wastes each unit has received: _____

2. Are these wastes disposed of in a new, replacement, or laterally expanded landfill or impoundment that meets the minimum technology requirements (double liner and leachate collection) and groundwater monitoring?

_____ Yes _____ No

3. Does the facility operating record have notices, certifications, and demonstration (if applicable) from generators/storer/treaters for 5 years [268.7(c); 268.7(a),(b)]?

_____ Yes _____ No

4. Does the facility obtain waste analysis data or test the wastes (according to the waste analysis plan) to determine that the wastes comply with the applicable treatment standards [268.7(c)]?

_____ Yes _____ No

If yes, at what frequency? _____

5. If restricted wastes that exceed the treatment standards are placed in land disposal units (excluding national capacity variances) [268.30(a)], does facility have an approved waiver based on no migration petition [268.6], an approved case-by-case capacity extension [268.5], or variance [268.44]?

_____ Yes _____ No

6. Does the facility dispose of restricted wastes that are subject to a national capacity variance?

_____ Yes _____ No

7. Does the facility have notices [268.7(a)(3)] and records of disposal for disposed wastes that are subject to a national capacity variance, case-by-case extensions [268.5], or no migration petitions [268.6]?

_____ Yes _____ No _____ NA

8. What is the volume of the restricted wastes disposed of to date?

9. If the facility has a case-by-case extension, is the facility making progress as described in progress reports?

_____ Yes _____ No _____ NA

QUB

PREINSPECTION FILES AUDIT
CHECKLIST

DATE: 3/16/89

BY: Ted Warner

COMPANY: Johnson Controls Inc.

LOCATION: 1302 E. Monroe St., Asher, In. 46526

I.D.#: IND 1 009 1 549 1 593

Type of inspection: G----T---(TSD)---Closure---Complaint---Other(please specify)

A. GENERAL

~~John Fecteau 219-533-2111~~
Joseph H. McCorkel

	<u>YES</u>	<u>NO</u>	<u>NA</u>
1. FEDERAL NOTIFICATION ON FILE?	---	---	---
2. FEDERAL PART A ON FILE?	---	---	---
3. CLOSURE PLAN REVIEWED?	---	---	---
4. CONTINGENCY PLAN REVIEWED?	---	---	---
5. BIENNIAL REPORT REVIEWED? <u>no 1987</u>	---	---	---
*6. PART B PERMIT REVIEWED?	---	---	---
*(Note any Special Permit Conditions)			
Comments:			

Part B called on May 25, 1988

B. NOTIFICATION DATA (Notify type, waste codes listed, etc.)

(1980) F001, 2, 3, 5, 6, 17
P106, 121,
U002, 154, 159, 220, 226, 228, 239
(87) F001, 2, 5, 6, P106, 121, U002, 154, 031, 220
226, 228, 080, 239

C. LAND DISPOSAL INFORMATION

1. List Waste and Land Disposal Facility

F006 Adams Center Landfill

D. LIST POSSIBLE WASTE STREAMS NOT LISTED ON BIENNIAL REPORT

_____ *N/A* _____

E. LIST WASTE MANAGEMENT PRACTICES WHICH MAY REQUIRE A PERMIT

_____ *N/A* _____

F. FEDERAL PART A (Handling Codes), OR PART B PERMIT

	<u>Code</u>	<u>Amount</u>	<u>Unit of Measure</u>	
<i>171487</i>	<i>501</i>	<i>10,560</i>	<i>6</i>	<i>(192 55 gal cont.)</i>
2.	_____	_____	_____	
3.	_____	_____	_____	
4.	_____	_____	_____	
5.	_____	_____	_____	

Are there any discrepancies regarding multiple Part A submittals?

G. CLOSURE/POST CLOSURE

1. Any Closed Units: If yes, describe:

not at this time

H. COMPLIANCE HISTORY

List past two inspections and enforcement actions (CO, NOV, VL, WL)

<u>Date of inspection</u>	<u>Action type</u>	<u>Date of Action</u>
<i>Oct. 21, 1986</i>	<i>NOV</i>	<i>(Resolved Sept. 25, 1987)</i>
_____	_____	_____

I. LIST UNRESOLVED ENFORCEMENT ACTIONS/VIOLATIONS

N/A

J. BRIEFLY SUMMARIZE PREVIOUS VIOLATIONS. NOTE IF THEY ARE REPEATS.

Spillage and the required notification. [WL (L-087) 1985] ¹⁰⁻¹⁵

K. LIST ANY ITEMS UNDER COMPLIANCE SCHEDULES WHICH ARE NOT YET COMPLETED OR
NEED FIELD VERIFIED

L. COMMENTS

EFI - 9-3-87

TSD - RCRA INSPECTION REPORT

EPA ID # IND 009 549 593 NAME Johnson Controls Inc.

MAILING ADDRESS: 1302 East Monroe St.
Goshen, In., 46526

LOCATION ADDRESS: same

CONTACT: Emery Lee Heck PHONE: 219-533-2111

OWNERSHIP: Johnson Controls Inc. COUNTY: Elkhart

STATUS CODE: 1 1=Active 3=Dead Mail 4=PCB handler
6=non-handler 2=Obsolete ID # 9=Superfund site
5=Out of business

ACTIVITY: (This should reflect the actual functioning of the facility)

LQG ☒ SQG ☐ CEG ☐ TRANSPORTER ☐ TSD ☒ UI ☐

TRANSPORTERS: Air ☐ Rail ☐ Hwy ☐ Water ☐ Other ☐

HAZARDOUS WASTE FUEL N/A: Gen mktg burner ☐ other mktr ☐ burner ☐
OFF SPEC USED OIL FUEL N/A: Gen mktg burner ☐ other mktr ☐ burner ☐
SPEC USED OIL FUEL MKTR N/A:
BURNING DEVICE N/A : Util boiler ☐ Indus boiler ☐ Indus furn ☐

Person(s) interviewed:

Title:

Telephone:

Emery Lee Heck

Environmental Coordinator

219/533-2111

Larry Martin

Hazardous Waste Mat. Handler

" "

Inspector(s): Page 5

Agency:

Telephone:

Ted Warner

IDEM

317/232-4586

Date of inspection: March 22, 1989 Time of inspection: 9:05 AM

Installation Processes by Process Code (EPA Form 3510-3)

S01 <input checked="" type="checkbox"/>	Container storage	T03 <input type="checkbox"/>	Incinerator treatment
S02 <input type="checkbox"/>	Tank storage	T04 <input type="checkbox"/>	Other treatment
S03 <input type="checkbox"/>	Waste pile storage	D79 <input type="checkbox"/>	Injection well disposal
S04 <input type="checkbox"/>	Surface impoundment storage	D80 <input type="checkbox"/>	Landfill disposal
T01 <input type="checkbox"/>	Tank treatment	D81 <input type="checkbox"/>	Land application disposal
T02 <input type="checkbox"/>	Surface impoundment treatment	D83 <input type="checkbox"/>	Surface impoundment disposal

If Part A process codes are listed above as T04 please describe the process involved below:

- 1) Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application. (HWIMS 610)
- 2) Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.
- 3) Type of Operation, Products Manufactured, Processes Utilized, Size of Operation, Concentrate on processes that produce waste (hazardous or non-hazardous)!

Manufacturer and distributor of Automatic Control devices. The principle processes are machining, stamping, molding, plating, painting and light assembly.

- 4) If any of the wastes are managed in the manners listed below, please check those areas and utilize the provided appendices.

	<u>YES</u>	<u>NO</u>
A) Waste Oil Fuel - Appendix A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B) Lead Acid Batteries - Appendix B	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C) Hazardous Waste Fuel - Appendix C	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D) Precious Metals - Appendix D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E) Use Constituting Disposal - Appendix E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F) Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G) Use and Management of Containers	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NO

100

Rate*
(app.)

Disposition

Cold Rolled Steel Plating (1) 55 gal / 4 days [Adams Center Great Lakes

Paint Waste (1) 55 gal. / 7 days Great Lakes (Warren
mich.)

(cold)

Still

Parts Regressing

(2) 55 gal./7 days Great Lakes

F005

still

(1) 55 gal. / 7 days Great Lakes

Looking to replace all "F" solvent waste

Waste

Process Generating Waste

Rate

Disposition

Waste Oil

Lub + Hydraulic oil ^{Waste}

1,500 gal. > 3mths [Marinith Oil, South
and

General Refuse

20 yd³ /wk Goshen & Elkhart

Scrap Metal

3T - Fort Wayne

Wood pallets

- 7) If the company claims a reuse or reclaim exemption please include the following information:

	<u>Waste Type</u>	<u>Generation Rate</u>	<u>How reclaimed & by Who</u>	<u>Quantity stored on Site</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____

N/A

8) Hazardous Waste On-Site

<u>On-Site</u>	<u>Amount</u>	<u>How Stored</u>	<u>Comments</u>
<u>F006</u>	<u>117</u>	<u>501</u>	<u>Inside Storage Building</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

- 9) Has the capacity of the storage areas listed on the Part A exceeded that allowed? List the type and amount of actual storage capacity overages.
329 IAC 3-38-2 (HWIMS 610)

no

- 10) Indicate any TSD activities which have been omitted from or are not clear on the facility map (for the purpose of determining if expansion has occurred)
(40 CFR 270.13 and 329 IAC 3-34-4) (HWIMS 610)

none

- 11) Is the Biennial Report Accurate? yes

- 12) Note any non-RCRA Violations (Open Dumping, Dumping in City Sewer Without Pretreatment Program, OSHA, etc.)

none

13) Additional Comments:

Persons Interviewed : Art Holtzinger, Maintenance
Marylin Krizman, Sec.

General Facility Standards (paperwork)

		<u>OK</u>	<u>DF</u>	<u>NI</u>	<u>NA</u>
1)	Has the Regional Administrator/Environmental Management Board been notified regarding:				
a.	Receipt of hazardous waste from a foreign source? <u>40 CFR 265.12(a) (329 IAC 3-16-3) (HWIMS 300)</u>	—	—	—	✓
b.	Facility expansion? <u>40 CFR 270.72(b) (329 IAC 3-38-3) (HWIMS 610)</u>	—	—	—	✓
c.	Change of owner or operator? <u>40 CFR 265.12(b) (329 IAC 3-16-3) (HWIMS 300)</u>	—	—	—	✓
<hr/>					
<hr/>					
<hr/>					

2) General Waste Analysis: (HWIMS 310)

a.	Has the owner or operator made a detailed chemical and physical analysis of the waste either through testing of knowledge of the process? <u>40 CFR 265.13(a)1 (329 IAC 3-16-4)</u>	✓	—	—	—
b.	Does the owner or operator have a detailed waste analysis plan on file at the facility? <u>40 CFR 265.13(b) (329 IAC 3-16-4)</u>	✓	—	—	—
Does the waste analysis plan contain:					
1.	parameters (and rationale for their choice)	✓	—	—	—
2.	test methods	✓	—	—	—
3.	sampling method for representative sample	✓	—	—	—
4.	frequency of analysis (and rationale)	✓	—	—	—
5.	<u>off-site only</u> : waste analysis from generators	✓	—	—	—
6.	Additional waste analysis needed (when a change in waste type or process occurs)				
a.	<u>265.193 (329 IAC 3-24-3) Tanks (see above)</u>	—	—	—	✓
b.	<u>265.225 (329 IAC 3-25-4) Impoundment (same as above)</u>	—	—	—	+
c.	<u>265.252 (329 IAC 3-26-3) Waste Pile (same as above)</u>	—	—	—	+
d.	<u>265.273 (329 IAC 3-27-3) Land Treatment (same as above)</u>	—	—	—	+
e.	<u>265.341 (329 IAC 3-29-2) Incinerators (same as above)</u>	—	—	—	✓

		OK	DF	NI	NA
f.	<u>265.375 (329 IAC 3-30-3) Thermal Treatment</u> (same as above)	—	—	—	✓
g.	<u>265.402 (329 IAC 3-31-3) Other Treatment</u> (same as above)	—	—	—	✓

c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?
40 CFR 265.13(c) (329 IAC 3-16-4)

— — — ✓

d. Is the waste analysis plan followed?

yes

3) Owner or Operator Inspections: (HWIMS 320)

a. Does the owner or operator inspect the facility for deterioration, malfunctions, operator errors, and discharges of hazardous waste that may affect human health or the environment?
40 CFR 265.15(a) (329 IAC 3-16-6)

✓ — — —

b. Does the owner or operator have an inspection schedule at the facility?
40 CFR 265.15(b)2 (329 IAC 3-16-6)

✓ — — —

c. If so, does the schedule address the inspection of the following items:
40 CFR 265.15(b)1 (329 IAC 3-16-6)

i. monitoring equipment?

✓ — — —

ii. safety and emergency equipment?

✓ — — —

iii. security devices (including fences)?

✓ — — —

iv. operating and structural equipment (ie. dikes, pumps, etc.)?

✓ — — —

v. type of problems to be looked for during the inspection (e.g. leaky fittings, defective pump, etc.)?
40 CFR 265.15(b)(2) (329 IAC 3-16-6)

✓ — — —

vi. inspection frequency (based upon the possible deterioration rate of the equipment)?

40 CFR 265.15(b)(4) (329 IAC 3-16-6)

OK	DF	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

vii. Must include:

1. Weekly container storage?
(See 265.174) (329 IAC 3-23-5)
2. Daily and Weekly Tank Storage?
(See 265.194) (329 IAC 3-24-4)
3. Daily freeboard and weekly dike inspection
for surface impoundments?
(See 265.226) (329 IAC 3-25-5)
4. Landfills, Thermal treatment, Chemical,
Physical, and Biological treatment should
be inspected as determined by deterioration
rate and daily at loading and unloading
areas (where spills are likely)
[See 265.15(b)(4) (329 IAC 3-16-6)]

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

d. Does Owner or Operator follow the written inspection schedule as outlined?
265.15(b)(1) (329 IAC 3-16-6)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------

e. Are areas subject to spills inspected daily when in use?
265.15(b)(4) (329 IAC 3-16-6)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------

f. ~~Does~~ the owner or operator maintain an inspection log or summary of owner or operator inspections?
40 CFR 265.15(d) (329 IAC 3-16-6)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------

g. Does the inspection log contain the following information:
40 CFR 265.15(d) (329 IAC 3-16-6)

i. the date and time of the inspection?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------

ii. the name of the inspector?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------

iii. a notation of the observations made?

OK DF NI NA

✓ — — —

iv. the date and nature of any repairs or remedial actions?

✓ — — —

4) Do personnel training records include: (HWIMS 330)

a. Job titles for the positions related to HWM
40 CFR 265.16(d)1 (329 IAC 3-16-7)

✓ — — —

b. The name of the employees filling each job title?
40 CFR 265.16(d)(1) (329 IAC 3-16-7)

✓ — — —

c. Job descriptions including the required skills, education, or other qualifications and the duties of the personnel assigned to the position?
40 CFR 265.16(d)2 (329 IAC 3-16-7)

✓ — — —

Check categories for which job titles/descriptions are available (please include the supervisors of each category in that category when reviewing documents).

Emergency coordinator ✓ Training coordinator ✓ Emergency response personnel ✓
Inspectors ✓ Material handlers ✓ Container labelers ✓ Manifesters ✓
Recordkeepers ✓

d. Description of both introductory and continuing training required for each job?
40 CFR 265.16(d)(3) (329 IAC 3-16-7)

✓ — — —

Describe in general the type of training program in use at the facility.

Training is provided by class room studies of JCI'S contingency plan, OSHA regulations and safety rules instructed by Larry Martin and Art Holtzinger

e. Records of training required in (d)?
40 CFR 265.16(d)4 (329 IAC 3-16-7)

✓ — — —

f. Did facility personnel receive the required training including:

i) classroom or on the job

ii) within 6 months of hire

iii) annual review of training?

g. Are all training records maintained for current personnel and for at least three years for former employees?

40 CFR 265.16(e) [329 IAC 3-16-7(e)]

OK DF NI NA

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

(HWIMS 350)

1) Does the Contingency Plan contain the following information:

a. The actions facility personnel must take to comply with 265.51 (3-18-2) and 265.56 (3-18-7) in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable). ☒

A. A description of arrangements agreed by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services. 329 IAC 3-18-3 ☒

i. Names, addresses, and phone numbers of all persons qualified to act as emergency coordinators? ☒

ii. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities? ☒
40 CFR 265.52(e) (329 IAC 3-18-3)

	<u>OK</u>	<u>DF</u>	<u>NI</u>	<u>NA</u>
iii. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes.) <u>40 CFR 265.52(f) (329 IAC 3-18-3)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Emergency Coordinator:

- | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Is the facility Emergency Coordinator identified?
<u>40 CFR 265.52(d) (329 IAC 3-18-3)</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is coordinator familiar with all aspects of site operation and emergency procedures?
<u>40 CFR 265.55 (329 IAC 3-18-6)</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does Emergency Coordinator have the authority to carry out the Contingency Plan?
<u>40 CFR 265.55 (329 IAC 3-18-6)</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Preparedness and Prevention

- | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1) Has the owner or operator attempted to make arrangements with local authorities in case of an emergency at the facility?
<u>40 CFR 265.37 (329 IAC 3-17-7)</u> (HWIMS 340) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are copies of the Contingency Plan available at the site and local emergency organizations?
<u>40 CFR 265.53 (329 IAC 3-18-4)</u> (HWIMS 350) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Emergency Procedures

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in <u>265.56 (329 IAC 3-18-7)</u> ?
(HWIMS 350) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

1) *Letters of agreement*

MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING:

N/A

1) Use of Manifest System: (HWIMS 360)

a. Does the facility follow the procedures listed in 265.71 (3-19-2) for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)

OK DF NI NA

b. Are records of past shipments retained for three (3) years?

40 CFR 265.71(b)5 (329 IAC 3-19-2)

2) Does the owner or operator meet requirements regarding manifest discrepancies? (Off-site facilities only)

40 CFR 265.72 (329 IAC 3-19-3)

3) Unmanifested Waste Reports:
(applies only to Off-site facilities)

a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 (3-8-1) without a manifest or shipping paper?

40 CFR 265.76 (329 IAC 3-19-7)

b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type and date received for each unmanifested hazardous waste shipment.

c. Has the facility submitted 8700-13B (unmanifested waste report)?

4) Closure/~~Post~~ Closure

a. Is ~~the~~ closure plan available for inspection?
40 CFR 265.112(a) (329 IAC 3-21-3) (HWIMS 390)

b. Is the post-closure plan available for inspection? (for disposal facilities only)

40 CFR 265.118(a) (329 IAC 3-21-8) (HWIMS 390)

c. Has the closure cost and post closure cost estimate been revised annually to account for inflation.
(HWIMS 400)

5) Operating Record:

(HWIMS 370)

OK DF NI NA

a. Does owner or operator have a operating record?
40 CFR 265.73(a)

✓ — — —

b. Does the owner or operator maintain an operating record that contains the following information?

i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR 265 Appendix I (329 IAC 3-32-2)?
40 CFR 265.73(b)(1) (329 IAC 3-19-4)

✓ — — —

Summarize how the facility tracks the method and date of TSD activity.

Each Waste stream is logged into storage record,

ii. The location and quantity of each hazardous waste within the facility? (This information shall be cross referenced to a specific manifest number if the waste was accompanied by manifest.)
40 CFR 265.73(b)(2) (329 IAC 3-19-4)

✓ — — —

Summarize how the facility tracks the location and quantity of waste.

iii. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross referenced to specific manifest number, if accompanied by a manifest.)
40 CFR 265.73(b)(2) (329 IAC 3-19-4)

— — — ✓

iv. Records and results of all waste analyses, trial tests, monitoring data, and operating inspections?
40 CFR 265.73(b)(3)(5)(6) (329 IAC 3-19-4)

✓ — — —

v. Reports detailing all incidents that required implementation of the Contingency Plan?
40 CFR 265.73(b)(4) (329 IAC 3-19-4)

— — — ✓

vi. All closure and post closure costs as applicable?
40 CFR 265.73(b)(7) (329 IAC 3-19-4)

✓ — — —

GROUNDWATER MONITORING

40 CFR Subpart F

Complete this section for facilities that treat, store, or dispose of hazardous waste in landfills, surface impoundments and/or by land treatment.

		<u>OK</u>	<u>DF</u>	<u>NI</u>	<u>NA</u>
1)	Has the owner or operator of the facility implemented a groundwater monitoring system? <u>40 CFR 265.90(a) (329 IAC 3-20-1)</u> (HWIMS 380)	—	—	—	<input checked="" type="checkbox"/>
2)	Has the owner or operator of the facility implemented an alternate groundwater monitoring system as described in <u>265.90(d) (329 IAC 3-20-1)</u> ? (HWIMS 380)	—	—	—	<input checked="" type="checkbox"/>
<hr/>					
<hr/>					
<hr/>					

APPENDIX GN

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Manifest Requirements:

(HWIMS 110)

OK DF NI NA

- | | | | | | |
|----|---|---|---|---|---|
| 1) | Does the operator have copies of the manifest available for review?
<u>40 CFR 262.40 (329 IAC 3-10-1)</u> | ✓ | — | — | — |
| 2) | Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period | — | — | 6 | — |
| 3) | Do the manifest forms examined contain the following information.
<u>40 CFR 262.21 (329 IAC 3-8-1)</u> | — | — | — | — |
| a. | Manifest document number? EPA ID No. + Unique 5 digit No.?
(A sequential number for all manifests before September 20, 1984, and a five digit unique number after September 20, 1984.) | ✓ | — | — | — |
| b. | Name, mailing address, telephone number, and EPA ID number of generator? | ✓ | — | — | — |
| c. | Name, telephone number (3-14-3) and EPA ID Number of Transporter(s)? | ✓ | — | — | — |
| d. | Name, Address, telephone number (3-14-3) and EPA ID Number of designated permitted facility? | ✓ | — | — | — |
| e. | The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)? | ✓ | — | — | — |
| f. | The total quantity of waste(s) and the type and number of containers loaded? | ✓ | — | — | — |
| g. | Required certification? | ✓ | — | — | — |
| h. | Required signatures? | ✓ | — | — | — |
| i. | EPA hazardous waste number (3-14-3)? | ✓ | — | — | — |

4) Reportable exceptions:
40 CFR 262.42 (329 IAC 3-10-3) (HWIMS 180)

- a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. none
- b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) (329 IAC 3-10-3) to the Regional Administrator.

INTERNATIONAL SHIPMENTS:

(HWIMS 190)

- | | <u>OK</u> | <u>DF</u> | <u>NI</u> | <u>NA</u> |
|--|-----------|-----------|-----------|-----------|
| 1) Has the installation imported or exported hazardous waste?
<u>40 CFR 262.50 (329 IAC 3-11-1)</u>
(If answered Yes, complete the following as applicable.) | — | — | — | ✓ |
| a. Exporting hazardous waste; has a generator: | | | | |
| i. Notified the administrator in writing? | — | — | — | — |
| ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country? | — | — | — | — |
| iii. Met the Manifest requirements? | — | — | — | — |
| b. Importing hazardous waste; has the generator met the manifest requirements? | — | — | — | ✓ |

RECORDKEEPING AND REPORTING:

- 1) Has the generator made a proper hazardous waste determination for all solid wastes generated at the facility?
40 CFR 262.11 (329 IAC 3-7-2) (HWIMS 100)
- ✓ — — —

- | | | <u>OK</u> | <u>DF</u> | <u>NI</u> | <u>NA</u> |
|-------|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 2) | Has the generator submitted biennial reports and exception reports as required?
<u>329 IAC 3-10-2 and 329 IAC 3-10-3</u> (HWIMS 180/360) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | Are all test results and analyses needed for hazardous waste determinations retained for at least three years?
<u>40 CFR 262.40 (329 IAC 3-10-1)</u> (HWIMS 180) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | | | | |
| <hr/> | | | | | |
| <hr/> | | | | | |

DRAW A SITE MAP; identify site of all hazardous waste activity, i.e. accumulation areas, storage areas, treatment areas, etc.

See Files

Remember to take photos and document as well as possible all violations!!!

5015S
kaw
1/31/89

J.C.I.

Use and Management of Containers

Location of Unit Container Storage Building

- | | <u>OK</u> | <u>DF</u> | <u>NI</u> | <u>NA</u> |
|--|-----------|-----------|-----------|-----------|
| 1) Are containers in good condition? | ✓ | — | — | — |
| 2) Are containers compatible with waste in them? | ✓ | — | — | — |
| 3) Are containers managed to prevent leaks? | ✓ | — | — | — |
| 4) Are containers stored closed? | ✓ | — | — | — |
| 5) Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the property line? (Indicate if waste is ignitable or reactive). | ✓ | — | — | — |
| 6) Are incompatible wastes stored in separate containers? (If not the provisions of 265.17(b) apply) | — | — | — | ✓ |
| 7) Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance? | — | — | — | ✓ |
| 8) If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? | | | | |
| a. Special handling? | ✓ | — | — | — |
| b. No Smoking signs? | ✓ | — | — | — |
| c. Separation and protection from ignition sources? | ✓ | — | — | — |
| 9) Does the container storage area have adequate aisle space (about 2.5 feet)? | ✓ | — | — | — |
| 10) Can containers be inspected for leaks or deterioration without moving the containers during the inspection? | ✓ | — | — | — |

Preparedness and Prevention:

- | | | | | |
|--|---|---|---|---|
| 11) Security - Do security measures include: | | | | |
| a. 24- hour surveillance? or | ✓ | — | — | — |
| b. Barrier around facility including controlled entry? | ✓ | — | — | — |
| c. Danger sign(s) at entrance? | ✓ | — | — | — |
| 12) Maintenance and Operation of Facility | | | | |
| a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? | — | — | — | ✓ |
| 13) If required, does the facility have the following equipment: | | | | |
| a. Internal communications or alarm systems? | ✓ | — | — | — |
| b. Telephone or 2-way radios at the scene of operations? | ✓ | — | — | — |
| c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment? | — | — | — | — |
| Are water hoses, foam equipment, automatic sprinklers or water spray equipment available? (Please specify) | ✓ | — | — | — |

guards
Telephone is to
inside office,
not outside

- 14) Whenever waste is being handled do all personnel have immediate access to an alarm or communication device (thru another employee if always available)?

✓

Testing and Maintenance of Emergency Equipment

- 15) a. Has the owner or operator established testing and maintenance procedures for emergency equipment?
b. Is emergency equipment in operable condition?
- 16) Does the owner or operator maintain adequate aisle space for the movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment? (This applies to access for this equipment to reach hazardous waste management areas)

✓

✓

*TSD's Only

check for comments on back!

J.C.I

Generator Accumulation Appendix

Location of Unit Filter Press Room (Plating)
Basement

- | | <u>OK</u> | <u>DF</u> | <u>NI</u> | <u>NA</u> |
|--|-----------|-----------|-----------|-----------|
| 1) If waste is being shipped off-site is it properly packaged, labeled and marked per DOT regulations?
<u>40 CFR 262.30-262.32 (329 IAC 3-9-1 to 3)</u> | — | — | ✓ | — |
| <hr/> | | | | |
| 2) Is the container clearly marked with the start of accumulation date?
<u>40 CFR 262.34 (329 IAC 3-9-5)</u> | ✓ | — | — | — |
| 3) Have more than 90 days elapsed since the date inspected in (a)?
<u>40 CFR 262.34 (329 IAC 3-9-5)</u> | — | — | — | ✓ |
| 4) Do wastes remain in accumulation tanks for more than 90 days?
<u>40 CFR 262.34 (329 IAC 3-9-5)</u> | — | — | — | ✓ |
| 5) Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?
<u>40 CFR 262.34 (329 IAC 3-9-5)</u> | ✓ | — | — | — |

Johnson Controls are also generating spent solvents. There were no spent solvents in generation containers on this date.

Satellite Accumulation

- | | | | | |
|--|---|---|---|---|
| 1) Are containers marked with the words "Hazardous Waste" or with other words identifying the contents?
<u>40 CFR 262.34 (329 IAC 3-9-5 (c))</u> | — | — | — | — |
| 2) Are containers in good condition, compatible with the wastes in them and stored closed?
<u>40 CFR 262.34 (329 IAC 3-23-2 & 3 & 4(a))</u> | — | — | — | — |

Swanson



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NANCY A. MALOLEY, Commissioner

RECEIVED
SEP 30 1987
U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
HAZARDOUS WASTE ENFORCEMENT BRANCH

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317-232-8603

SEP 25 1987

Mr. John Fecteau
Johnson Controls
1302 East Monroe Street
Goshen, Indiana 46526

Re: Notice of Compliance, Case No. (V-427)
Johnson Controls
EPA I.D. No. IND 009549593
1302 East Monroe Street
Goshen, Indiana

Dear Mr. Fecteau:

Based upon documents available to the Office of Solid and Hazardous Waste Management staff during a record review on August 19, 1987, and the results of a reinspection conducted at your facility on September 3, 1987, it has been determined that Johnson Controls has achieved compliance with the terms of the Notice of Violation issued to your firm on February 19, 1987.

Thank you for your cooperation. If you have any questions concerning this matter, please contact Ms. Rosemary Cantwell of the Office of Solid and Hazardous Waste Management at AC 317/232-3408.

Very truly yours,

Jane Magee
Assistant Commissioner for
Solid and Hazardous Waste Management

RWC/rmw

cc: Jeff L. Blankenberger
Elkhart County Health Department
Ms. Sally K. Swanson, U.S. EPA, Region V ✓



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NANCY A. MALOLEY, Commissioner

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317-232-8603

VIA CERTIFIED MAIL

P 395 654 908

June 17, 1987

Mr. John Fecteau
Johnson Controls
1302 East Monroe Street
Goshen, IN 46526

RECEIVED

JUN 19 1987

U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
HAZARDOUS WASTE ENFORCEMENT BRANCH

Re: Notice of Inadequacy (V-427)
Johnson Controls
EPA I.D. No. IND 009549593
Goshen, Indiana

Dear Mr. Fecteau:

This will acknowledge the receipt of information from Johnson Controls on May 4, 1987. This information was submitted in response to our Notice of Violation dated February 19, 1987, regarding your firm's compliance with Indiana Code 13-7, the Indiana Environmental Management Act, and Indiana Administrative Code, 320 IAC 4.1, "Hazardous Waste Management Permit Program and Related Hazardous Waste Management Requirements."

Staff has reviewed the materials submitted and determined that they are inadequate to achieve compliance with the hazardous waste management requirements under 320 IAC 4.1. Our concern pertaining to these materials is listed below:

The job descriptions and records of training for all persons designated as emergency coordinators have not been provided.

Your response must be revised or supplemented as necessary to address this deficiency and be submitted to this office within thirty (30) days.

Failure of your firm to respond fully and adequately, within the time specified, and document compliance with the hazardous waste management rules will result in escalated enforcement.

Mr. John Fecteau

Page 2

June 17, 1987

If you have any questions regarding this matter, please contact
Ms. Rosemary Cantwell of this office at AC 317/232-3297.

Very truly yours,

A handwritten signature in cursive script that reads "Thomas Russell".

Thomas Russell, Chief
Enforcement Section
Hazardous Waste Management Branch
Solid and Hazardous Waste Management

RWC/rmw

cc: Elkhart County Health Department

Ms. Sally K. Swanson, U.S. EPA, Region V

Mr. Jeffrey Blankenberger

Johnson Controls, Inc.
1302 East Monroe Street
Goshen, IN 46526
Tel. 219/533-2111

JOHNSON
CONTROLS
Control Products
Division

MAY 1 1987

U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
HAZARDOUS WASTE ENFORCEMENT BRANCH

Attn: Robert Malone
Dept. of Environmental Mgt.
Office of Solid and Hazardous
Waste Management
105 S. Meridian Street
Indianapolis, IN 46225

April 24, 1987

RE: HAZARDOUS WASTE MANAGEMENT
RCRA COMPLIANCE INSPECTION
JOHNSON CONTROLS, INC.
IND 009549593
NOTICE OF VIOLATION (V-427)

Dear Mr. Malone:

The following corrections/revisions are submitted.

1. Revise Facility Part A Application.
(see cover letter and Part A Application) Enclosure 1
2. Revised inspection schedule. Enclosure 2
3. The following job title, description is involved in the
Management of Hazardous Waste. Enclosure 3
4. Personnel have been trained in Hazardous Waste as of
10/10/86. See Attendance Roster and tests. Enclosure 4.
You will notice that there are other personnel who have received
training in Hazardous Waste. These people are authorized to
move Hazardous Materials and contaminated materials from their
departments to the only recognized Hazardous Waste Operator in
the factory. This operator is responsible for the proper
management and storage of any hazardous waste generated at this
facility. 320 IAC 4-1-16-7 (d)(1). The only "active" area of
this "manufacturing facility" that falls under 320 IAC 4.1-16-7
is the hazardous waste accumulation and storage building. A
"Hazardous Waste Facility" means a plant or site where hazardous
waste is subjected to treatment, storage, disposal, or recovery.

5. A incident report was submitted to the Emergency Response Branch of the IDEM. No copy was sent to the Hazardous Waste Branch in 15 days because it was not necessary to fully implement contingency plan since there was no threat to human health or the environment outside the facility (320 IAC 4.1-18-7(d). See Enclosure 5.
6. The Operating Record has been revised to reflect accurate count of waste drums in storage. This was corrected October 22, 1986. The Emergency Response Operating Record is filed separate from the Drum Storage Operating Record for security purposes. See Enclosure 5.
7. All containers in the Hazardous Waste Storage Facility are closed.
8. Accumulation date was not marked on 2 drums in storage. Operator marked drums day inspector was here.
9. Each container of hazardous waste is marked with enclosed label. See Enclosure 6.

John G. Fecteau

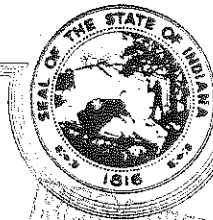
John G. Fecteau
Safety & Environmental Control Administrator

JGF:MJK

cc: Elkhart County Health Dept.
Ms. Sally Swanson, U.S. EPA, Region V
Mr. Jeff Blankenberger

STATE OF INDIANA

DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT



INDIANAPOLIS, 46225

105 South Meridian Street

RECEIVED

JAN 28 1987

JAN 28 1987

U.S. EPA REGION V
WASTE MANAGEMENT DIVISION
HAZARDOUS WASTE MANAGEMENT UNIT

Mr. John G. Fecteau
Johnson Controls, Inc.
1302 East Monroe Street
Goshen, IN 46526

Re: Letter of Compliance, Case No. L-087
Johnson Controls, Inc.
EPA I.D. No. IND 009549593
Goshen, Indiana

Dear Mr. Fecteau:

Based upon documents available to the Office of Solid and Hazardous Waste Management staff during a record review on November 21, 1986, it has been determined that Johnson Controls, Inc. has achieved compliance with the terms of the Letter of Warning issued to your firm on October 15, 1985.

Thank you for your cooperation. If you have any questions concerning this matter, feel free to contact Mr. Robert Malone of the Office of Solid and Hazardous Waste Management at AC 317/232-3409.

Very truly yours,

Thomas L. Russell

Thomas L. Russell, Chief
Enforcement Section
Hazardous Waste Management Branch
Solid and Hazardous Waste Management

RDM/drc

cc: Elkhart County Health Department

Ms. Sally K. Swanson, U.S. EPA, Region V ✓

Mr. Jeff Blankenberger

STATE OF INDIANA

DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT



INDIANAPOLIS, 46225

105 South Meridian Street

June 25, 1986

RECEIVED

JUN 27 1986

VIA CERTIFIED MAIL

Mr. John G. Fecteau
Johnson Controls
1302 East Monroe Street
Goshen, IN 46526

U.S. EPA, REGION 4
WASTE MANAGEMENT DIVISION
HAZARDOUS WASTE ENFORCEMENT BRANCH

Dear Mr. Fecteau:

Re: RCRA Letter of Inadequacy (L-087)
Johnson Controls
IND 009549593

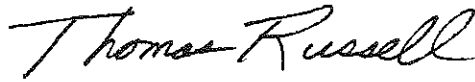
This will acknowledge the receipt of information from Johnson Controls on October 18, 1985. This information was submitted in response to our letter of October 15, 1985, citing violations of the Federal Resource Conservation and Recovery Act (RCRA) and 320 IAC 4.1.

Staff has reviewed the information submitted and determined that your response is not sufficient to determine if compliance with RCRA and 320 IAC 4.1 have been met. Please conduct the procedures listed below within thirty (30) days of receipt of this letter:

1. Drill four (4) borings surrounding the area of release to a depth of twenty (20) feet. Sample the soil at every five-foot interval and analyze for the constituents as before. Johnson Controls must follow correct sampling procedures and submit the confirmation of implementation of those procedures, along with detailed drilling logs and the soil analyses to this office for evaluation.

If you have any questions, please call Mr. Robert Malone of the Office of Solid and Hazardous Waste Management, Department of Environmental Management, at AC 317/232-3409.

Very truly yours,

A handwritten signature in cursive script that reads "Thomas Russell".

Thomas Russell, Chief
Enforcement Section
Hazardous Waste Management Branch
Solid and Hazardous Waste Management

RDM/lsm

cc: Elkhart County Health Department

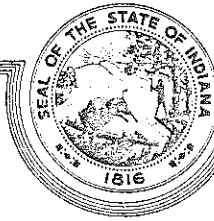
Ms. Sally K. Swanson, U.S. EPA, Region V

Mr. Jack Corpuz

Mr. Tim Miller

Ms. Chrystal Myers, Office of Environmental Response

STATE OF INDIANA



INDIANAPOLIS

STATE BOARD OF HEALTH

AN EQUAL OPPORTUNITY EMPLOYER

Address Reply to:
Indiana State Board of Health
1330 West Michigan Street
P. O. Box 1964
Indianapolis, IN 46206-1964

VIA CERTIFIED MAIL

October 15, 1985

Mr. John Fecteau
Johnson Controls, Inc.
1302 East Monroe Street
Goshen, IN 46526

Dear Mr. Fecteau:

Re: RCRA Record Review
Johnson Controls, Inc.
IND 009549593
Letter of Warning (L-087)

The Environmental Management Board is cooperating with the U.S. Environmental Protection Agency, Region V, in carrying out the provisions of the Resource Conservation and Recovery Act, Public Law 94-580 (RCRA). In this effort, representatives of the Environmental Management Board are conducting inspections of facilities in Indiana that are engaged in the generation, transportation, treatment, storage, or disposal of hazardous waste. In addition to RCRA requirements, facilities are being inspected to determine compliance with Environmental Management Board 320 IAC 4.1, "Hazardous Waste Management Permit Program and Related Hazardous Waste Management Requirements."

Please be advised that Mr. Jeff Blankenberger of this Division conducted a record review referencing a September 5, 1985, hazardous waste release at your facility. During the review, it was determined that your facility did indeed have a release of hazardous waste on September 5, 1985, and a "cleanup" procedure was initiated. This office, however, did not receive written confirmation through the Technical Secretary that the contingency plan was carried out as prescribed in 320 IAC 4.1 and RCRA.

The following concerns pertaining to the operation of your facility were noted:

1. 320 IAC 4.1-18-7(i)
and
40 CFR 265.56(i)

The owner or operator did not notify the Technical Secretary of the Indiana Environmental Management Board that the facility was in compliance with 320 IAC 4.1-18-7(h) (40 CFR 265.56(h)) before operations were resumed in the affected area of the facility.

2. 320 IAC 4.1-18-7(j) The owner or operator did not submit a
 and written report to the Technical Secretary
 40 CFR 265.56(j) of the Indiana Environmental Management
 Board within fifteen (15) days of the
 incident.

Johnson Controls, Inc., within thirty (30) calendar days of receipt of this letter, shall achieve compliance with the following requirements:

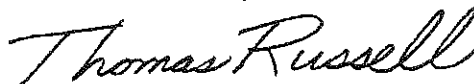
1. Submit the required information under 320 IAC 4.1-18-7(j) (40 CFR 265.56(j)).
2. Also submit information concerning the following items:
 - a. EP Toxicity test results;
 - b. sampling and analysis plan;
 - c. vertical and horizontal extent of contamination;
 - d. how is the soil being stored prior to disposal;
 - e. anticipated disposal method and location; and
 - f. information as to whether or not the groundwater was contaminated.

Your company shall submit to this office, within thirty-five (35) days of receipt of this letter, a written detailed explanation of the steps taken to achieve compliance. The letter shall state the date compliance was achieved.

Failure to respond adequately to this Letter of Warning will result in a Notice of Violation being issued.

Please direct your response to this letter and any questions to Mr. Robert Malone of the Division of Land Pollution Control, Indiana State Board of Health, at AC 317/243-5052.

Very truly yours,

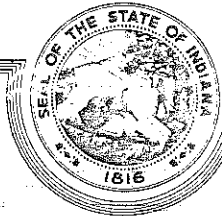


Thomas Russell, Chief
Enforcement Section
Hazardous Waste Management Branch
Division of Land Pollution Control

RDM/tr

cc: Elkhart County Health Department
 Ms. Sally K. Swanson, U.S. EPA, Region V
 Ms. Chrystal Myers
 Indiana State Board of Health Emergency Response
 Mr. Jeff Blankenberger

STATE OF INDIANA



INDIANAPOLIS

STATE BOARD OF HEALTH

AN EQUAL OPPORTUNITY EMPLOYER

Address Reply to:
Indiana State Board of Health
1330 West Michigan Street
P. O. Box 1964
Indianapolis, IN 46206-1964

VIA CERTIFIED MAIL

September 30, 1985

Mr. Randall H. Holliday, Esq.
Johnson Controls, Inc.
5757 N. Green Bay Avenue
P.O. Box 591
Milwaukee, WI 53201

Dear Mr. Holliday:

Re: Johnson Controls, Inc.
Goshen, Indiana
IND 009549593

Please be advised that this Division has received notice of cancellation/non-renewal of your hazardous waste liability insurance for sudden accidental occurrences, effective October 1, 1985. Rule 320 IAC 4-7-26 requires that Johnson Controls, Inc., continuously provide this liability coverage until certification of closure.

This Division will be looking at the following criteria in order to determine whether a good faith effort to obtain replacement insurance has been made:

1. Did the company submit a complete application to the insurance carriers in a timely fashion? That is, did the company allow sufficient time for the insurance firms to process and issue the policy.
2. Did the company submit applications to at least several known suppliers of Environmental Impairment Liability coverage?
3. Did the company have prepared a risk assessment and submit same to insurance carrier along with its application?

Johnson Controls, Inc., needs to demonstrate its good faith effort through careful and thorough documentation of each step it has taken to seek insurance. This should include documentation of all contacts made and the reasons given by the insurance companies for denying or delaying the applications. Please provide copies of all correspondence with the insurance companies involved.

RECEIVED

OCT 2 1985

U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
HAZARDOUS WASTE ENFORCEMENT BRANCH

Failure to provide this Division with proof of compliance with the above-referenced guidelines by October 21, 1985, will result in the referral of this matter to the Enforcement Section. If you have any questions regarding this, please contact Ms. Susan Hyndman, C.P.A., of this office at AC 317/243-5140.

Very truly yours,

Jeffrey W. Stevens

Jeffrey W. Stevens
Legal Analyst
Division of Land Pollution Control

JWS/sk

cc: Ms. Sally K. Swanson, U.S. EPA, Region V ✓

Johnson Controls, Inc.
1302 East Monroe Street
Goshen, IN 46526
Tel. 219.533-2111

IND 009 549 593

JOHNSON
CONTROLS
Control Products
Division

Office of the Technical
Secretary
Indiana Stream Pollution
Control Board
1330 W. Michigan Street
Indianapolis, IN. 46206

Attn: Crystal Myers

Crystal:

This letter is a follow-up of the non-authorized discharge, of August 27, 1985, which I reported on September 5, 1985.

On August 16, 1985, a maintenance person while repairing the roof, observed a depression in the pavement. He notified Maintenance Supervision who contacted Bailey construction to excavate the depressed spot on August 27, 1985. After digging approximately five feet, Bailey uncovered a domestic sewer line that was releasing pretreated effluent. At 10:30 a.m., Tom Arnold, Building Supervisor, Tom Merchant, Facilities Engineer and Joe McCorkel, Plant Engineering Supervisor notified me of a non-authorized discharge.

I informed Joe McCorkel that soil samples should be taken at the site of the release and 36 inches below to ascertain what organic and inorganic materials were in the affected soil.

The samples were collected and taken to Turner Technologies, Warsaw, IN. for analysis. The analysis showed a high level of zinc, cadmium, and chromium at the site and above the release and very little contamination below the release.
(See analysis)

Upon receiving the report from Turner Technology, I called and reported a condition of contaminated soil to you at the emergency response center.

The following day Richard T. Brown and Max Michael of the Elkhart County Health Department visited Johnson Controls and observed the action being taken to put Johnson Controls in compliance with the State of Indiana.

The contaminated soil was contained. The diameter of the

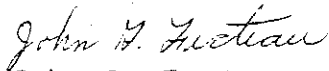
site was enlarged to six feet and the depth of soil dug out was nine feet. This soil was placed in barrels and is stored in our waste building until Chem Waste management agrees to accept the soil into the Adams Road Landfill through the permitting procedure..

Mr. Jack Corpuz of the Chemical Evaluation Section for the State of Indiana Land Pollution Control has authorized Johnson Controls to fill site based on analysis of soil and the need for Johnson Controls to keep opening where site is located available for fire, emergency response and vendor trucking.

The site has been filled with clean sand and will be repaved.

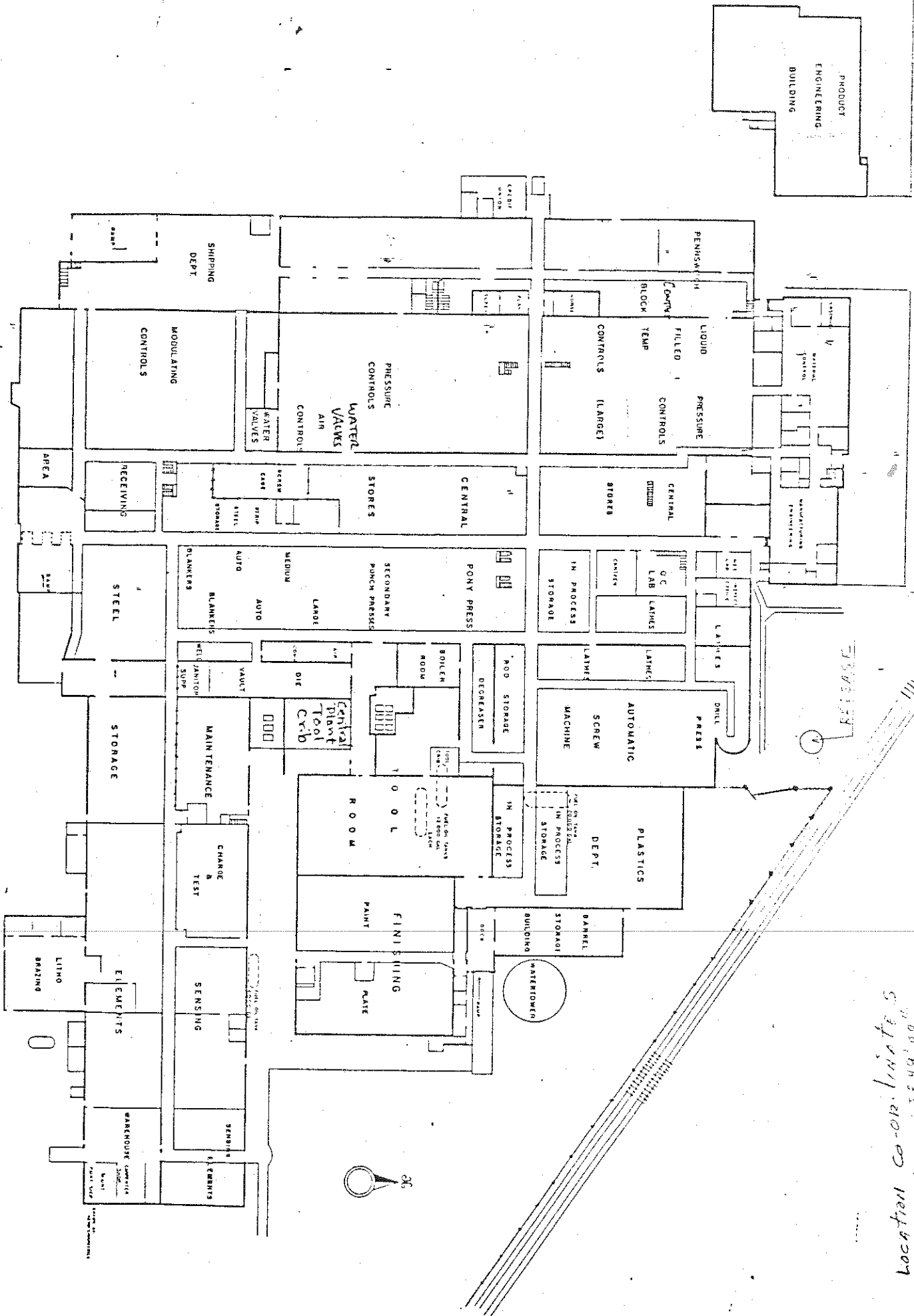
Should you need more information, please call me at (219) 533-2111.

Sincerely,



John G. Fecteau
Mfg. Eng.

JGF:dk
Enclosure



JAMES DONNIN

Location Co-op. Linette S
 Longitude: 88° 49' 00"
 Latitude: 41° 40' 00"

EMERGENCY RESPONSE OPERATING RECORD
(40 CFR 265.56)

This record is to be filled out by Primary Emergency Coordinator or his designee.

REPORTED BY: Tom Arnold

A. Date of Incident: August 27, 1985

B. Time of Incident: 10:30 AM

C. Type of Incident: (circle one) Fire, Spill, Explosion.

D. Hazardous Material(s) involved:

<u>Name</u>	<u>Quantity (lbs, gal)</u>
	<u>At Release</u> <u>36" Below Release</u>
Cadmium	1154 Mg/kg 10.52 Mg/kg
Chrome	2534 Mg/kg 6.14 Mg/kg
Zinc	3520 Mg/kg 25.43 Mg/kg

E. Extent of injuries (if any).

None

F. Assessment of actual or potential hazards to human health or environment. (To be filled in by Safety Manager).

NONE JEM
LOCAL SOIL CONTAMINATION ONLY JEM

All soil that is contaminated has been excavated and contained for transportation to a secure landfill.

G. Estimated quantity and disposition of recovered material that resulted from incident. (To be filled in by Hazardous material Engineer).

9 cubic yards contaminated soil transport to secure landfill.

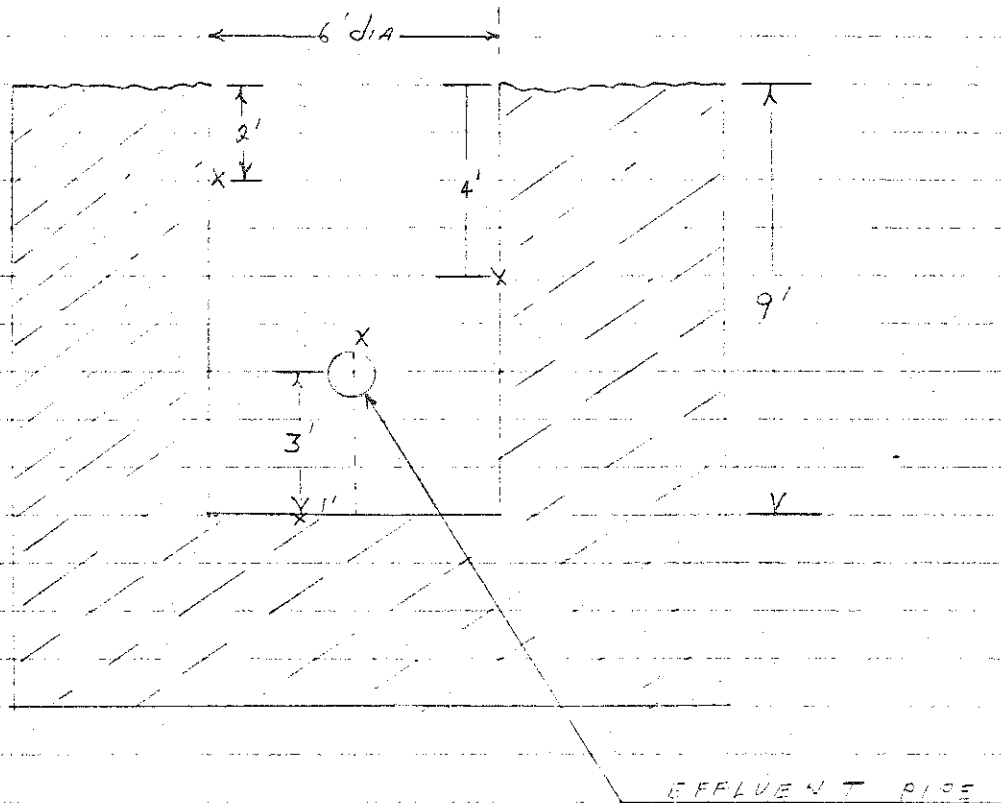
H. Notification of Regional Administrator, State and Local Authorities that the Facility is in compliance with 40 CFR 265.56 (h), (1), (2) before operations are resumed in affected area(s) of Facility. (Hazardous Material Engineer).
Notified by Jack Corpuz 9/9/85. State of Indiana, Notification in accordance with REG SPC 16, IC 1971, 13-1-3 and IC 1971, 13-7

Emergency Coordinator

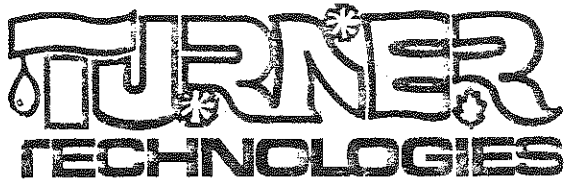
Tom Arnold
Hazardous material Engineer

John D. Fuction 9/9/85
Safety Manager

DE Muehler 9/9/85



X SOIL SAMPLES



JC08.COR

P.O. Box 1096
Warsaw, IN 46580
(219) 267-3305

September 18, 1985

Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526

Attention: Mr. John Fecteau

Gentlemen:

Following are the results of the recent testing:

Sample number	
Date	8/22/85
ID	soil at leak
Cadmium, g/kg	1.154
Chromium, total g/kg	2.534
Zinc, g/kg	3.520

All tests were conducted according to Standard Methods for the Examination of Water and Wastes. USEPA and/or Test Methods for the Examination of Solids Wastes. USEPA.

Sincerely:

David M. Turner, CMfgE
President

cc: file



JC03.COR

P.O. Box 1096
Warsaw, IN 46580
(219) 267-3305

September 18, 1985

Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526

Attention: Mr. John Fecteau

Gentlemen:

Following are the results of the recent testing:

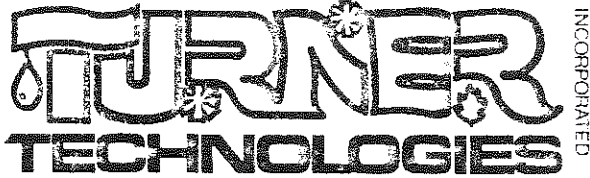
Sample number	20578
Date	8/22/85
ID	Soil at top
Solids, %	87.94
Cadmium, g/kg	1.36
Chromium, total g/kg	2.83
Zinc, g/kg	3.87

All tests were conducted according to Standard Methods for the Examination of Water and Wastes, USEPA and/or Test Methods for the Examination of Solids Wastes, USEPA.

Sincerely:

David M. Turner
David M. Turner, CMfgE
President

cc: file



P.O. Box 1096
Warsaw, IN 46580
(219) 267-3805

Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526

Attention: Mr. John Fecteau

Gentlemen:

Following are the results of the recent testing:

Sample number	20580
Date	8/22/85
ID	soil at water level
Solids, %	84.20
Cadmium, g/kg	1.15
Chromium, total g/kg	2.53
Zinc, g/kg	3.51

All tests were conducted according to Standard Methods for the Examination of Water and Wastes, USEPA and/or Test Methods for the Examination of Solids Wastes, USEPA.

Sincerely:

A handwritten signature in cursive script that reads "David M. Turner".

David M. Turner, CMfgE
President

cc: file



JC04.COR

P.O. Box 1096
Warsaw, IN 46580
(219) 267-3305

September 18, 1985

Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526

Attention: Mr. John Fecteau

Gentlemen:

Following are the results of the recent testing:

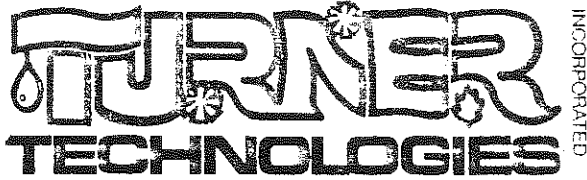
Sample number	20579
Date	8/22/85
ID	soil 2 ft down
Solids, %	94.33
Cadmium, g/kg	0.21
Chromium, total g/kg	0.47
Zinc, g/kg	0.63

All tests were conducted according to Standard Methods for the Examination of Water and Wastes, USEPA and/or Test Methods for the Examination of Solids Wastes, USEPA.

Sincerely:

A handwritten signature in cursive script that reads "David M. Turner".

David M. Turner, CMfgE
President
cc: file



P.O. Box 1096
Warsaw, IN 46580
(219) 267-3305

Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526

Attention: Mr. John Fecteau

Gentlemen:

Following are the results of the recent testing:

Sample number	20581
Date	8/22/85
ID	water at leak
Cadmium, mg/L	98
Chromium, total, mg/L	97
Zinc, mg/L	150

All tests were conducted according to Standard Methods for the Examination of Water and Wastes, USEPA and/or Test Methods for the Examination of Solids Wastes, USEPA.

Sincerely:

A handwritten signature in cursive script, appearing to read "David M. Turner".

David M. Turner, CMfgE
President

cc:file



JC07.COR

P.O. Box 1096
Warsaw, IN 46580
(219) 267-3305

September 18, 1985

Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526

Attention: Mr. John Pecteau

Gentlemen:

Following are the results of the recent testing:

Sample number	
Date	8/22/85
ID	3 ft below leak
Cadmium, g/kg	0.0105
Chromium, total g/kg	0.00614
Zinc, g/kg	0.0254

All tests were conducted according to Standard Methods for the Examination of Water and Wastes, USEPA and/or Test Methods for the Examination of Solids Wastes, USEPA.

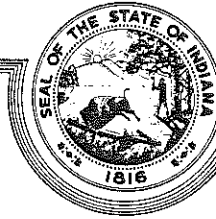
Sincerely:

A handwritten signature in cursive script that reads "David M. Turner".

David M. Turner, CMfgE
President

cc: file

STATE OF INDIANA



INDIANAPOLIS

STATE BOARD OF HEALTH
AN EQUAL OPPORTUNITY EMPLOYER

Address Reply to:
Indiana State Board of Health
1330 West Michigan Street
P. O. Box 1964
Indianapolis, IN 46206-1964

VIA CERTIFIED MAIL

Mr. John Fecteau
Johnson Controls, Inc.
1302 East Monroe Street
Goshen, IN 46526

Dear Mr. Fecteau:

Re: Notice of Inadequacy
Johnson Controls, Inc.
IND 009549593

This letter will acknowledge receipt of information from Johnson Controls, Inc., on April 15, 1985. This information was submitted in response to our letter of February 22, 1985, citing violations of the Federal Resource Conservation and Recovery Act (RCRA) and Environmental Management Board (EMB) 320 IAC 4.

Please be advised that this office has reviewed your request for an extension until June 28, 1985, for items 8, 9, 10, 11, and 12 (Contingency Plan), and have decided to grant your request. The materials requested and all supporting documents shall be due in this office no later than Friday, June 28, 1985.

Staff has reviewed the balance of the materials submitted and determined that they are inadequate to achieve compliance with RCRA and 320 IAC 4. Our concerns pertaining to these materials are:

1. Submit copies of analyses conducted on paint filters from spray booths.
2. Inspection schedule must include spill control equipment and how often the spill control equipment will be inspected.
3. Inspection schedule must address how often safety and emergency equipment will be inspected.
4. Inspection log does not include the time of inspection.

Please revise these materials and submit them to our office within thirty-five (35) days.

If you have any questions, please call Mr. Robert Malone at the Indiana State Board of Health, AC 317/243-5052.

Very truly yours,

A handwritten signature in cursive script that reads "Thomas Russell".

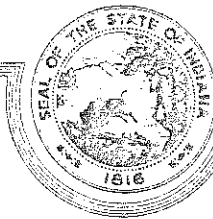
Thomas Russell, Chief
Enforcement Section
Hazardous Waste Management Branch
Division of Land Pollution Control

RDM/tr

cc: Elkhart County Health Department
Ms. Sally K. Swanson, U.S. EPA, Region V
Mr. Jeff Blankenberger

STATE OF INDIANA

ENVIRONMENTAL MANAGEMENT BOARD



INDIANAPOLIS 46206-1964

1330 West Michigan Street
P. O. Box 1964

February 22, 1985

VIA CERTIFIED MAIL

Mr. Stanley Leedy
Johnson Controls
1302 Monroe Street
Goshen, IN 46526

Dear Mr. Leedy:

Re: RCRA Compliance Inspection
Johnson Controls
IND 009549593
Notice of Violation

The Environmental Management Board is cooperating with the U.S. Environmental Protection Agency, Region V, in carrying out the provisions of the Resource Conservation and Recovery Act, Public Law 94-580 (RCRA). In this effort, representatives of the Environmental Management Board are conducting inspections of facilities in Indiana that are engaged in the generation, transportation, treatment, storage, or disposal of hazardous waste. In addition to RCRA requirements, facilities are being inspected to determine compliance with Environmental Management Board 320 IAC 4, "Hazardous Waste Management Permit Program and Related Hazardous Waste Management Requirements."

This letter is to inform you that on January 10, 1985, an inspection of Johnson Controls, located at 1302 Monroe Street, Goshen, Indiana, was conducted by Mr. Jeff Blankenberger of the Division of Land Pollution Control, Indiana State Board of Health. Mr. John Pecteau and you represented your firm at this inspection.

The following violations of RCRA and 320 IAC 4 pertaining to the operation of your facility were noted:

1. 40 CFR 265.13
and
320 IAC 4-6-1

The waste analysis plan does not include parameters, test methods, and frequency of analysis.

2. 40 CFR 265.13
and
320 IAC 4-6-1

Owner or operator has not obtained analysis of paint filters from spray booths.

- | | |
|---|---|
| 3. 40 CFR 265.15
and
320 IAC 4-6-1 | Owner or operator does not inspect for facility malfunctions, operator errors, and discharges. Inspections have not occurred since August of 1983. |
| 4. 40 CFR 265.15
and
320 IAC 4-6-1 | The inspection schedule does not address safety and emergency equipment. |
| 5. 40 CFR 265.15
and
320 IAC 4-6-1 | The inspection schedule does not address security devices. |
| 6. 40 CFR 265.15
and
320 IAC 4-6-1 | Areas subject to spills are not inspected daily. |
| 7. 40 CFR 265.15
and
320 IAC 4-6-1 | Owner or operator does not record inspections in an inspection log. |
| 8. 40 CFR 265.37
and
320 IAC 4-6-1 | Owner or operator has not attempted to make arrangements with appropriate local authorities in case of an emergency at the facility. |
| 9. 40 CFR 265.52
and
320 IAC 4-6-1 | The Contingency Plan does not describe the actions that will be taken to comply with 40 CFR 265.51 and 265.56 (320 IAC 4-6-1) in response to an explosion of hazardous waste or hazardous waste constituents at the facility. |
| 10. 40 CFR 265.52
and
320 IAC 4-6-1 | The Contingency Plan does not describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams. |
| 11. 40 CFR 265.52
and
320 IAC 4-6-1 | The Contingency Plan does not include a list of all emergency equipment, location of equipment, physical description of each item on the list, and a brief outline of equipment capabilities. |
| 12. 40 CFR 265.53
and
320 IAC 4-6-1 | Copies of the Contingency Plan are not on file at local emergency organizations. |

- | | |
|---|--|
| 13. 40 CFR 265.73
and
320 IAC 4-6-1 | The operating record does not include a description and quantity of each hazardous waste removed from storage and disposed of off-site. |
| 14. 40 CFR 265.14
and
320 IAC 4-6-1 | Danger sign(s) are not posted at the entrance to the drum storage building. |
| 15. 40 CFR 265.17
and
320 IAC 4-6-1 | "No Smoking" signs are not conspicuously placed wherever there is a hazard from ignitable or reactive waste. There are no "No Smoking" signs in the drum storage building. |
| 16. 40 CFR 265.35
and
320 IAC 4-6-1 | Lack of adequate aisle space for the unobstructed movement of personnel and emergency equipment in the drum storage building. |

Johnson Controls, within thirty (30) calendar days of receipt of this letter, shall achieve compliance with the following requirements:

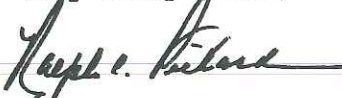
1. Amend the waste analysis plan to include parameters, test methods, and frequency of analysis.
2. Obtain analysis of paint filters from spray booths.
3. Inspect the on-site storage area for malfunctions, operator errors, and discharges.
4. Revise the inspection schedule to include all safety and emergency equipment.
5. Revise the inspection schedule to include all security devices.
6. Revise the inspection schedule to include all areas subject to spills.
7. Record all inspections in an inspection log, including inspections of the storage area, safety and emergency equipment, and security devices.
8. Owner or operator shall attempt to make arrangements with local authorities in case of an emergency at the facility.
9. Revise your Contingency Plan to describe the actions that will be taken to respond to explosions of hazardous waste at the facility. Submit a copy of your revised Plan to this office.

10. Revise your Contingency Plan to describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and local emergency response teams. Submit a copy of your revised Plan to this office.
11. Revise your Contingency Plan to include a list of emergency equipment, location of equipment, physical description of each item on the list, and a brief outline of equipment capabilities. Submit a copy of your revised Plan to this office.
12. Copies of the Contingency Plan shall be on file at local emergency organizations.
13. Revise the operating record to include dates when hazardous waste is removed from storage and disposed of off-site.
14. Post danger sign(s) at the entrance to the drum storage area.
15. Place "No Smoking" signs in the drum storage building.
16. Provide enough aisle space for the unobstructed movement of personnel and emergency equipment in the drum storage building.

Your Company shall submit to this office, within thirty-five (35) calendar days of receipt of this letter, a written detailed explanation of the steps taken to achieve compliance, along with copies of documents or revised documents required herein. The letter shall state the date compliance was achieved.

Please direct your response to this letter and any questions to Mr. Robert Malone of the Division of Land Pollution Control, Indiana State Board of Health, AC 317/243-5052.

Very truly yours,



Ralph C. Pickard
Technical Secretary

RDM/tr

cc: Elkhart County Health Department
Ms. Sally K. Swanson, U.S. EPA, Region V
Mr. Jeff Blankenberger

In case of a spill call the Indiana Office of Environmental Response Center at 800/424-8802 or 202/426-2675.

INFORMATIONAL

IN

STATE OF INDIANA

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT

FORM 2050-0039-01

5-082-01

ANALYSIS REPORTS

3

PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No. 2050-0039-01

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
I N D 0 0 9 5 4 9 5 9 3

2. Page 1 of 1
Manifest Document No.
8 3 4 0 8

Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

A. State Manifest Document Number
INA 0417242

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone
219 289-4510

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone
219 289-4510

3. Generator's Name and Mailing Address
JOHNSON CONTROLS
1302 E MONROE
GOSHEN
IN 46526-4297
219 533-2111

4. Generator's Phone ()

5. Transporter 1 Company Name
SAFETY-KLEEN CORP.

6. Use EPA ID Number
I L D 0 5 1 0 6 0 4 0 8

7. Transporter 2 Company Name

8. Use EPA ID Number

9. Transporter 1 Site Address
SAFETY-KLEEN CORP.
2217 WESTERN AVENUE
SOUTH BEND, IN 46628

10. Use EPA ID Number
I N D 0 0 0 7 1 5 4 7 4

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit
Wt/Vol.

15. Waste No.

a. WASTE PETROLEUM NAPHTHA
COMBUSTIBLE LIQUID UN1255 (EPA D001)
007 00520

b.

c.

d. NOTICE: IN ACCORDANCE WITH 40 CFR 268.7, THE GENERATOR PROVIDES NOTICE THAT THE WASTE DESCRIBED AS 'WASTE PETROLEUM NAPHTHA' IS A RESTRICTED WASTE. THE WASTE CONTAINS THE FOLLOWING CONSTITUENTS WHOSE TREATMENT STANDARDS ARE NOTED: TOTAL HALOGENATED ORGANIC COMPOUNDS (THOC) 1000 MG/L, LEAD (500 MG/L).

e. K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
9003 12174850 983408 5-082-01-4068 14
SKDOT# A: 501 B: C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name
JACK SCHENK

Signature
[Signature]

Month
6

Day
12

Year
2000

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name
DAVE ROZSA

Signature
[Signature]

Month
6

Day
12

Year
2000

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name

Signature

Month

Day

Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19.
Printed/Typed Name

Signature

Month

Day

Year

GENERATOR

TRANSPORTER

FACILITY

IN

STATE OF INDIANA

0417242

GENERATOR/TSD MAIL TO IDEM

S

78828

SALE ONLY

SK Control No:

Date Received:

MATERIAL SURVEY

EPA ID No. (Federal) IN0009549593 County Elkhart
Facility Address _____
Street Same _____
City _____ State IN

Nature of Business MFG OF Controls products S.I.C. Number _____
 State ID Numbers: Illinois ID _____ Missouri ID _____ State _____ ID _____
 Manifest Address: ☐ Billing Address ☒ Facility Address Manifest to: ☒ Safety-Kleen ☐ Other _____

D. Material Composition (vol%)	Min	Max	Typical
S.K. 10.5 m/s			
Water _____			
Non-volatile Material _____			
Settled Solids _____			

C. Physical Description		Color	<u>Green</u>
Layers	<input checked="" type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three
Physical State	<input checked="" type="checkbox"/> Liquid	<input type="checkbox"/> Semisolid	<input type="checkbox"/> Solid
Liquid Viscosity	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

E. Attach material safety data sheets for material components requiring employee communication under OSHA (Ref. 29 CFR 1910.1200).
 Attach any current analysis of the material. ☒ MSDS attached ☐ Analysis attached ☐ No attachments

F. Check all of the following substances which may be in the material.

- ☐ DOT Corrosives, Poisons, Forbiddens, Radioactives, Explosives, or Gases.
☐ TSCA regulated materials (PCB, PBB, Chlorinated dibenzodioxins or furans).
☐ Materials used exclusively as pesticides, herbicides, insecticides, etc.
☐ OSHA carcinogens above exclusion levels (Ref. 29 CFR 1910.1001-).
☐ Toxic components with OSHA PEL or ACGIH TLV less than 2 ppm or 8 mg/m³.
☐ Toxic metals (Arsenic, Beryllium, Cadmium, Mercury, Selenium).
☐ Reactive components (Sulfides, Cyanides, Shock Sensitives, Pyrophorics, etc.).
☐ Water reactive components (Isocyanates, Acid Chlorides, Anhydrides, etc.).
☐ Biological hazards (Pathogenics, Infectious agents, Etiologic agents, etc.).
☒ None of the above ☐ Special Handling Required

[illegible]

G. DOT Hazardous Material Description (Ref. 49 CFR 172.101)
Proper Shipping Name _____

Hazard Class _____ Number _____
☐ Not DOT Hazardous Material ☒ Need assistance to determine

H. EPA Hazardous Waste Description (Ref. 40 CFR 261.2)
Waste Number(s) ☐ D001 ☐ D002 ☐ F001 ☐ F002 ☒ F003
☐ F004 ☐ F005 _____
Hazard Code(s) ☐ I ☐ T ☐ C ☐ R ☐ E ☒ H
☐ Not EPA Hazardous Waste ☒ Need assistance to determine

I. Safety-Kleen requires a sample and charges a fee for the qualification of all new material. Purchase Order No. 103921-2
 Type of sample: ☒ grab ☐ tank ☐ composite of 4 # 4191ms Sample taken by ☐ Customer ☒ Safety-Kleen Representative

J. To the best of my knowledge, this is an accurate material description and the sample submitted is representative of the material.

Name EMERY LEE HECK Title Manufacturing Engineer
Signature Emery Lee Heck Date 4-26-90 Phone (219) 533-2111

Comments: _____
Sales Representative Name: MCCullough Representative # 6699 Branch # 5

COMPLETE: 05/08/90
CONTROL#: 0081428-B
SAMPLE#: 078820**S**
safety-kleen

ACCEPT

FLUID RECOVERY

MSDS ATTACHED

FLUID RECOVERY

CUSTOMER INFORMATION:

JOHNSON CONTROLS
1302 E MONROE
GOSHEN

IN 46526

ATTN: EMERY LEE HECK

BRANCH: 508201 MARK ZIMMERMAN COUNTY: ELKHART
NATURE OF BUSINESS: MFG OF CONTROLS PRODUCT
FEDERAL EPA ID: IN0002549593 STATE EPA: ID:
MANIFEST ADDRESS IS FACILITY MANIFEST TO SAFETY-KLEEN

MATERIAL: S.K. 105 MINERAL SPIRITS	PROCESS: SOLVENT FROM PARTS WASHERS
VOLUME: 110 GALS PER MONTH	VOLUME ON HAND: 110
STORAGE CAPACITY: 110 IN DRUMS	SHIPPING FREQUENCY: 110 IN DRUMS
COLOR: GREEN	PHYSICAL STATE: LIQUID
LAYERS: ONE	VISCOSITY: LOW
MATERIAL COMPOSITION(VOL%):	CODE MIN MAX TYPICAL
SK 105 M/S	0.0 100.0

RESTRICTED SUBSTANCES: NONE

D.O.T. HAZARDOUS MATERIAL: CUSTOMER REQUEST ASSISTANCE

EPA HAZARDOUS WASTE: CUSTOMER REQUEST ASSISTANCE

P.O. NO: 3924-2	BRANCH: 508201	DATE: 04/26/90
TYPE OF SAMPLE: GRAB	NUMBER OF DRUMS SAMPLED: 0	TAKEN BY: SALESREP
CONTACT: EMERY LEE HECK	TITLE: MANUFACTURING ENGINEER	PHONE: 219-533-2111

CORPORATE REVIEWS:	DISPOSITION REVIEWER	DATE	HANDLING CODES: 502/TEO	PRICING CODE: #1
TECHNICAL:	ACCEPT	CAP 05/09/90		
REGULATORY:	ACCEPT	TAL 05/09/90		
OPERATING:	ACCEPT	JWH 05/09/90		

APPROVED FACILITIES:

(654) SAFETY-KLEEN CORP	(658) SAFETY-KLEEN CORP
633 EAST 138TH ST	STATE HWY 146
DOLTON IL 60419	NEW CASTLE KY 40050
FED EPA#: ILD980613913	KY0053348108
STATE EPA#: 0310690006	
TELEPHONE: 708/849-4850	502/845-2453
IL AUTH#: 000161	

APPROVED 0000527 DRUM >100 LB

DOT-EPA 80 WASTE PETROLEUM NAPHTHA

DESC. COMBUSTIBLE LIQUID UN1255 (DOO1)(ERG#27)

COMMENTS:

THIS SERVES AS NOTICE PER 40CFR264.12(B), THAT THE FACILITY(IES) NOTED ABOVE
HAS THE APPROPRIATE PERMITS AND IS WILLING TO RECEIVE THE MATERIAL DESCRIBED.

SAFETY-KLEEN CORP.
PREQUALIFICATION EVALUATION
MATERIAL ANALYSIS

PAGE 2 OF 2
COMPLETE: 05/09/90
CONTROL# 0001425-5
SAMPLE# : 078828

ACCEPT

MSDS ATTACHED

FLUID RECOVERY
JOHNSON CONTROLS

FLUID RECOVERY

GENERAL ANALYSIS OF TOTAL SAMPLE

COLOR GREEN
WATER CONTENT < 0.1 WT%
NON-VOLATILE RESIDUE 0.4 WT% DESCRIPTION: OIL
FLAMMABILITY FLASHED AT 140 F BY SETAFASH
FLAMMABILITY NO FLASH AT 102 F BY SETAFASH
PH EXTRACT BY PAPER 6.0
RADIOACTIVITY NONE DETECTED

FUEL EVALUATION OF TOTAL SAMPLE

HEAT CONTENT: 19800 BTU/LB
TOTAL CHLORINE CL: 0.3 WT%
TOTAL FLUORINE F: < 0.1 WT%
ASH UPON COMBUSTION: < 1.0 WT%
TOTAL BROMINE BR: < 0.1 WT%
TOTAL SULFUR S: < 0.1 WT%

GENERAL COMPOSITION:

GENERAL COMPOSITION BY:

	SPECIFIC GRAVITY	VISCOSITY (CENTIPOISE)	APPEARANCE (VOL%)	TOTAL (WT %)
AQUEOUS PHASE (FREE WATER)			0.0	0.0
ORGANIC PHASE (FEEDSTOCK)			100.0	100.0
BOTTOM SLUDGE (SEMISOLIDS)			0.0	0.0
BOTTOM SOLID (SETTLED SOLIDS)			0.0	0.0
TOTAL	1.780	< 50 CPS	100.0	100.0

SPECIFIC COMPOSITION OF TOTAL SAMPLE

COMPOSITION OF:

	TOTAL SAMPLE (WT%)	TOTAL SAMPLE (WT%)
WATER CONTENT	0.1	0.1
NON-VOLATILE RESIDUE DESCRIPTION: OIL	0.4	0.4
VOLATILE ORGANICS BY DIFFERENCE	99.5	99.5
TOTAL	100.0	100.0

VOLATILE ORGANIC COMPOSITION OF TOTAL SAMPLE BY GAS CHROMATOGRAPHY

SAMPLE PREPARATION METHODS: NEAT
DETECTION METHODS: FID

COMPOUND NAME	CODE	CAS NUMBER	VOLATILE ORGANICS (WT%)	VOLATILE ORGANICS (WT%)	TOTAL SAMPLE (WT%)
MINERAL SPIRITS, ALIPHATIC (C9-C13)	MS	8032-32-4	99.3	99.3	99.3
HIGH BOILING ALIPHATIC HYDROCARBONS (C14-C20)	HHC	0-34-0	0.6	0.6	0.6
TOTAL OTHERS (<1.0% EACH)	TD	0-05-5	0.1	0.1	0.1
TOTAL			100.0	100.0	99.5

SUMMARY OF VOLATILE ORGANIC COMPOSITION BY COMPOUND CHEMICAL CLASS WT%:

ALCOHOLS	0.0	ALIPHATIC HYDROCARBONS	99.9
AROMATIC HYDROCARBONS	0.0	CHLORINATED SOLVENTS	0.0
ESTERS	0.0	ETHERS	0.0
GLYCOL ETHERS	0.0	INHIBITORS	0.0
KETONES	0.0	NITROGEN COMPOUNDS	0.0

SPECIFIC ORGANIC COMPOSITION

POLYCHLORINATED BIPHENYLS (PCBS): NONE DETECTED

LABORATORY REVIEW: A

LEVEL: SEG CODE: RELEASED: 05/09/90
AB REVIEWERS: CR CR ANALYZED: 05/08/90

TRACKING INFORMATION:

	DATE	FACILITY
SURVEY RECEIVED	04/30/90	SK TECHNICAL CEN
SAMPLE RECEIVED	04/30/90	
RESAMPLE SHIPPED		
RESAMPLE RECEIVED		

NO LAND DISPOSAL RESTRICTION OF WASTE CAN BE IDENTIFIED BASED ON S-K ANALYSIS.